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**PROJECT CONCERN INTERNATIONAL**

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**Training Module for:  
Training of Trainers  
of  
Village Birth Attendants**

**CHILD SURVIVAL IX PROJECT**

**Improving Maternal and Child Health Services**

**Morobe Province, Papua New Guinea**

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**TRAINING OF TRAINERS  
OF  
VILLAGE BIRTH ATTENDANTS**

DRAFT

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## TRAINING MANUAL FOR TRAINERS OF VILLAGE BIRTH ATTENDANTS AND ASSOCIATED MALE HEALTH EDUCATORS

### INTRODUCTION

The proportion of women dying in childbirth in Papua New Guinea continues to be among the highest in the world with a rate of between 5-20 maternal deaths per 1000 live births.

The geographical barriers within the country and the enormous financial resources necessary to overcome them prevents the government from providing health centers and trained health workers sufficient to supervise every birth in the country. In addition there are social and cultural barriers which prevent women from getting the help they need during pregnancy and birthing even when health facilities are available. These factors are not likely to change for many years to come.

The Village Birth Attendant has been identified as an appropriate means of providing assistance to women delivering in the village. The VBA can also be useful in helping to overcome some of the invisible barriers to adequate perinatal care within the community by providing health education and assistance to pregnant women and their families.

Because the role of Village Birth Attendant is not a traditional role for women in most parts of the country and because traditional beliefs often work against the VBA concept, introducing the VBA into a new community requires much patience and persistence. The village leaders and the men in general need information and education about reproductive health in order to support such a programme for their women.

The purpose of this manual and the accompanying training modules is to provide training for nursing staff who may want to introduce a VBA programme in their area. The training package is designed to be used during a two-week long training course. The manual and accompanying modules attempt to cover all subjects concerned with organizing, planning and carrying out village birth attendant training.

In addition to providing training in communication and adult training skills and the technical information necessary for the training of VBAs, this manual also provides training in methods of approaching and involving the community in order to lay the foundation for the VBA programme including providing reproductive health education for the men in the community.

The manual is divided into three sections:

## Section I

Section I deals with the communication skills needed to communicate effectively with adults and also covers adult training techniques adapted for use with illiterate adult.

## Section II

Section II covers the social preparation of the community including government officials and health staff. It deals with methods of approaching and communicating with village leaders and village members. Also included is information about what needs to be considered and prepared for presentation to government officials and health staff in order to win their support for a VBA programme.

## Section III

Section III Covers the actual training of VBAs and village men. Technical information is reviewed and suggestions made for ways to practice applying communication skills and adult training techniques to the material in the VBA training manual and the accompanying modules. It also covers other important considerations about planning and implementing the VBA course.

### The Training Package Includes:

Training of Trainers Manual  
Village Birth Attendant Training Manual  
Reproductive Health Education for Men  
Child Survival Modules:  
- Nutrition  
- Immunization  
- Diarrhea Management  
- Management of ALRI  
  
Family Planning Module  
STD and HIV/AIDS Module

## SECTION I

### COMMUNICATION SKILLS AND ADULT EDUCATION TECHNIQUES

A major portion of this section was adapted from  
"Training Skills for Reproductive Health Professionals"  
ref. 1

- Unit 1 Basic Communications Skills
- Unit 2 Adult Learning
- Unit 3 Creating a Positive Climate for Learning
- Unit 4 Instructional Methods and Materials
- Unit 5 Presenting Illustrated Lectures
- Unit 6 Facilitating Small Group Activities,  
Discussions, Case Studies and Role Plays
- Unit 7 Coaching Technical Skills Training
- Unit 8 Developing and Using Teaching Aides

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## COMMUNICATION SKILLS AND ADULT EDUCATION TECHNIQUES

### Goals of the session:

1. To help trainees recognize the importance of good communication in health education
2. To help participants become good communicators
3. To provide participants with the knowledge and skills needed to communicate effectively with adults to motivate them to bring about change
4. To provide participants with knowledge and skills necessary to train illiterate adults using competency - based training and adult learning principles
5. To provide participants with knowledge and skills needed to plan and implement a VBA training course

## UNIT 1. BASIC COMMUNICATION SKILLS

What is Good Communication?

How can it be achieved?

Why is it necessary?

### Purpose:

To help the participant understand what good communication is, how it is achieved and why it is necessary.

### Action:

Communicating well with others

Understanding the special learning needs of illiterate adults.

### Information needed for successful action

What is communication?

Communication is an exchange of information, thoughts or feelings between people.

**Purpose of Communication:**

- a. to get our feelings and intentions across to others
- b. to understand how others feel and think
- c. to help people solve problem
- d. to negotiate and settle disagreements and conflicts
- e. to make agreements and decisions
- f. to transfer information back and forth

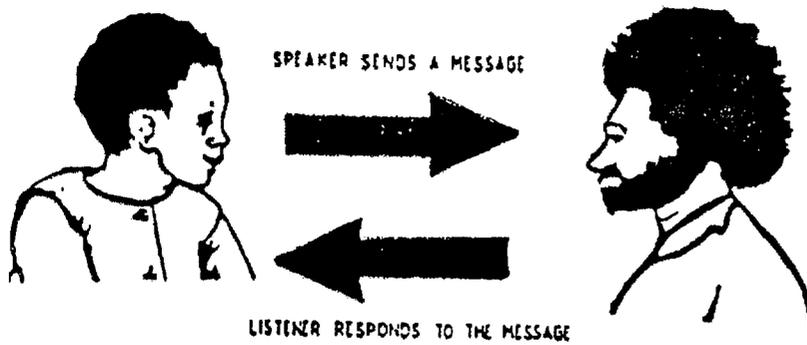
Good Communication creates understanding and good feelings between people.

Good Communication has the following characteristics:

- a. The speaker and listener give each other attention
- b. Speaker sends a clear message
- c. Listener hears the message and listens carefully
- d. Listener responds with an answer or information relating to the message
- e. Speaker gets feedback to know the message is understood
- f. Communication continues back and forth

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Poor Communication leads to misunderstanding and mistrust. This can cause bad feelings and conflicts between people.

Poor Communication has the following characteristics:

1. People do not give attention to each other
2. Speaker does not speak with confidence or loud enough
3. Message is not clear or understandable
4. Listener doesn't respond or speaker does not clarify
5. Communication is only in one direction



Communication is a two-process that contains several important parts.

- a. an attitude or a feeling
- b. giving attention
- c. sending a message
- d. listening and receiving a message
- e. giving and getting feedback

1.4

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LISTENING IS ONE OF THE MOST  
IMPORTANT COMMUNICATION SKILLS

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ROLE PLAY

Poor communication

One person has his back turned and doesn't turn around when the speaker calls his name. The speaker gives a message in a low mumbled voice. Listener doesn't reply or ask what was said but looks at the audience with a questioning look on his face.

Discuss signs of poor communication displayed in the play

<----->

Good Communication

The listener has his back turned to the speaker. When the speaker calls the listener name clearly he turns around and gives his full attention to the speaker by looking straight at him. The speaker looks directly at the listener and gives him a clear message. The listener responds clearly to show he has heard.

Discuss signs of good communication displayed in the play.

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Play the LISTENING GAME

A message is given to one person by whispering in their ear. The message is then passed on from one person to the next to all participants. The message is given in English and should be something that is unfamiliar such as:

"Take your horse to the hospital"

"Empty heads are hard to fill"

"There is a river in the living room"

"Plant your peas in the paddock"

After everyone has received the message ask the last person what he heard. Then ask the first and compare. Everyone can have a chance to tell what they heard. Discuss why the

message was so distorted. Some responses that should come up are:

- 1) we often don't listen carefully
- 2) we often don't give or get feedback
- 3) we don't take time to make things clear

It also shows that unfamiliar messages given in a language that is not the first language are difficult to understand.

### Summary

Communication is an exchange of information, thoughts or feelings between people.

Good communication creates understanding and good feelings. Poor communication leads to misunderstandings and mistrust and can cause bad feeling and conflict.

Characteristics of good communication include giving attention, sending clear messages, listening carefully, response and feedback. It also contains an attitude or feeling.

Listening is one of the most important communication skills.

If we do not communicate properly we will not be understood.

### Teaching Method

Games  
Lecture/Discussion  
Role plays

### Evaluation

Pre Test/Post Test

UNIT # 2 ADULT LEARNING

How do adults learn?

How are adults different than children when it comes to learning?

What special needs do adults have when learning?

What makes adults want to learn or why would they want to learn?

Purpose

To help participants discover the special needs adults have in order to learn.

Action

1. Identify ways adults learn
2. Explain the difference between teaching adults and children
3. List ways trainers can make adult training more easily accomplished
4. Use effective training and communication techniques to train adults more easily and effectively.

Introduced by 2 role plays

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Play #1 Health worker and mother

A health worker is talking very crossly with the mother of a child who is two years old and has only had one immunization. "You don't look after your children well," the health worker says. "All you think about is your garden. Why don't you bring your children for immunization when you should? Everybody knows children should be immunized. I You just don't care if your child dies or not. Now be sure you come every time for clinic."

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How did you feel when you heard the health worker talk this way?

How does the talk make the mother feel?

What would you feel like in the mother's position?

Main Points

- 1) makes mother feel ashamed, guilty and even angry with the health worker. Mother was made to feel small, inferior and stupid
- 2) health worker has the attitude that he is above the mother and that the mother knows nothing about anything
- 3) health worker gives no real constructive advice or education only criticism and abuse

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- 4) this play represents the way children are taught in school as if the teacher is the boss and children know nothing

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Play #2 Health worker and a group of women

The health worker greets the women in a friendly way Using simple terms the women can understand in their own language or in Tok Pisin, he asks questions to find out what they already know: "Why do you bring your children for immunizations?" The health worker gives the women plenty of time to think about this and then to answer. He has the attitude of friendly patient waiting but also very interested to hear their answer. When he finds out what they know he then builds on that to give them the information they should know. "Immunization helps protect children from some sicknesses that kill them." He gives the women time to think about this and ask any questions.

Then again using simple terms he asks "How many times should you bring your child in order to complete all the immunizations?" After some time to allow the women to answer and building on what the women tell him he tells them the importance of bringing children in 6 times in order to complete all their injections. He gives them time again for discussion and questions.

The health worker knows that many women do not bring their children in to complete all their immunizations so he asks them "Why don't you sometimes bring your children to clinic?" He gives the women time to think and respond and have a discussion about their reasons. He then thanks the women for their time and gives them information when the next clinic will be and offers to talk individually with women who are interested to know more or have more questions.

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- How did you feel when listening to this play?  
How do you think the mothers felt?  
How did the health worker feel?  
Was it effective?

Points that should come out:

- a. the health worker and mothers discuss together as equals
- b. discussion is carried out in a positive learning climate
- c. the health worker acts as a friend and by his attitude makes everyone feel equal and comfortable to express their opinion

What Can We Learn About Teaching Adults From These Plays

- a. Adults feel respected when asked their opinion

- b. Adults remember better when words are simple and understandable
- c. "How" to teach is as important as "What" to teach
- d. Relating what adults know already to the new information you are giving them helps them understand and apply the information

What makes an adult different from a child?

What makes an adult want to learn?

Adults are mature and set in their ways.

- Adults have
- to take care of their family
  - achieved physical development
  - fixed habits
  - responsibilities
  - set beliefs and opinions

To learn adults must be -

- in a comfortable safe environment
- interested in the subject
- concerned about the subject
- doing it

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Information needed for successful action

How are adults motivated to learn something new?

1. Adults expect to be treated like adults not like children. They expect respect and recognition.
  - a. Unlike children who are new at life, adults have had many previous experiences which must be recognized. Ignoring them causes resistance to learning. Find out what adults know about a subject before you launch into it and relate what you have to teach them to something they already know or are familiar with. For instance VBAs already know things about village births. You can learn from them at the same time you are trying to teach them new things. In this way you are also conveying to them that you respect them as individuals and as equals. This is essential when trying to teach adults.
2. Adults want practical solutions to real problems. Adults need to be able to see how what they learn can benefit them or their community. They are motivated by things that relate to real life situations. Adults have many interests or worries other than what you are trying to teach them. If they feel you are wasting their time they resent it.

3. Adults can think about and analyze their own experiences. They can think through problems and find solutions or apply what they learn to new situations.
4. Different adults have different learning styles.
  - a. Some adults learn best through experience. They benefit most from feed-back and discussion. They like to do it themselves.
  - b. Some adults are thinkers and observers. They like to look or watch, listen and think. They like to watch demonstrations then try themselves.
  - c. Some adults are logical and objective preferring lectures and diagrams rather than action.
  - d. The last group are active experimenters. They learn best when tackling a project with their hands. They dislike lectures. They have ideas and try them to see if they work.
  - e. Generally most adults like participation and active involvement particularly rural adults who are usually physically active and are not used to sitting and listening for long periods.
  - f. Plan different learning experiences. Be flexible and adapt your training to the needs of your students
5. Adults can be motivated by the possibility of fulfilling their personal needs and goals in life.
  - a. Adults have real things to lose or gain, learning must be seen as a way to improve themselves or their position in life, otherwise there is too much risk.
  - b. They need to feel they are learning something which will be useful in their everyday lives to help them, their family or their village.
  - c. A persons basic needs must be met first before they can concentrate on the higher needs. For instance if a man is hungry or doesn't feel safe in his surroundings he will not be able to think about learning something new unless it is related to getting food or finding a safe shelter.
6. Adults need Feedback
  - a. Adults need feed-back from their peers as well as their trainers. Feed-back is information about how well they are doing as they move through the training course. Because adults need to feel that they won't lose their self-esteem, feedback should be positive. When it is necessary to correct someone it must be gentle and constructive.

#### Feedback Story

In a VBA class individual students were giving

demonstrations on how to interview village women in order to identify high risk pregnancies. The other members of the class were supposed to give her feedback on her performance. Most did not know the meaning of feedback. No one offered positive feedback by praising what she did correctly. Instead they used the opportunity to criticize and ridicule making the individual feel bad and reluctant to participate again.

Remember to instruct participants who are going to be involved in giving feedback in how to give feedback so it can be done gently and effectively.

7. Adults need to express their feelings in a culturally acceptable way.  
In many cultures adults have been taught not to openly express their feelings. But even so, feelings must come out and different societies allow different ways to do this. Body language tells us many things that people cannot say verbally
  - a. Observe students body language. They may be too unable to express themselves in words.
  - b. What are some ways people express their feelings in PNG? (Have participants act out anger, boredom, sadness, disgust, disagreement, dissatisfaction, satisfaction, disinterest, respect, disrespect)
  - c. Body language can tell you how your training is going at a given time and you can make adjustments if necessary.
  
8. Adults are capable of making decisions and taking charge of their own development
  - a. Theory of Paulo Freire a Brazilian teacher.

#### Magical Thinking versus Critical Thinking

Magical Thinking is a way to describe the view of the world often held by uneducated people. When people do not understand why something happens, they often use magical explanations to ease their uncertainty. Because they feel that they have no control over the natural world they stubbornly insist that they have no choice in many matters.

But in Freire's belief all human beings are capable of thinking about and looking at their lives objectively and critically. That is, thinking in a more open way allowing for other possibilities or explanations. All people are capable of leaving magical thinking behind and can begin to use critical thinking in which they come to realize they can change or control at least some parts of their world instead of just waiting for what fate or the gods or evil spirits bring them. They can learn that they can control their lives. How do people come to this kind of thinking? How can people develop the ability to think in a more open way?

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## AYAWA AND THE EVIL SPIRIT

A story about change from the United States Peace Corps  
Nonformal Education Manual

There once was a village whose people had been inflicted with guinea worm for as long as they could remember. Now guinea worm is one of the most horrible diseases that a person could get. A worm grows inside the body until it is sometimes a foot in length, and then it finds a place to make it's way out, and slowly, slowly, emerges in all its hideousness, making the person so weak and disgusted that he falls down by the side of the road and is unable to move.

The people of this village were visited by many officials from international aid agencies and told that their problems came from the dirty river water they drank and bathed in. They listened to the officials, though they did not believe them, and accepted the offer of a new well that the officials said would cure them of this terrible affliction.

The aid officials came and installed the new well with a shiny new pump and went away happy that the villagers would no longer have to suffer from guinea worm. The villagers used the new pump for a while, but when the rains came it became rusty and finally it broke down completely. The villagers were sad, because they liked the gift that the officials had given them, but since it was no longer of use to them, they went back to the river and carried water to their huts as before.

When the officials came back the next year to evaluate their progress in their clean water campaign, and found the pump hardened with rust, they shook their heads and said to each other, "These people do not accept responsibility for their own development. They are dependent on foreign aid like spoiled children who imagine that they only need to ask and everything will be done for them." And the officials went away, sad to discover that their money had been wasted and that their project had been a failure.

A few years later, Ayawa a local woman who was a trained development worker came back from abroad where she had been working in village health projects. She had read about this village in the agency's annual report, and since it was close to her own village, she decided to go and see what she could do.

Ayawa knew that the way to convince the village chief of the importance of her mission was to see him very early in the morning. She arrived the night before, slept on a mat in a hut of a friendly villager, and before the first cock crowed, she was knocking at the chief's door. Ayawa accepted the chief's elaborate greetings, offered her own, and

finally came to the point; she would like to talk to the villagers about the problem of guinea worm. The chief agreed, and a meeting was arranged for later that day.

The villagers assembled and chief told them to listen carefully to what the visitor had to say. Ayawa told them she had heard of their trouble, and asked if any of them knew where the guinea worm came from.

"The water in our village has been afflicted with an evil spirit," the villagers told her. We are extremely unlucky to have to suffer this terrible fate. But there is nothing to be done."

"You are right," said Ayawa. "There is an evil spirit inhabiting your water supply. And the next time I come I will show you what it looks like."

Ayawa went home to the capital and borrowed a microscope from the college, returned to the village, and showed the villagers the tiny guinea worm larvae in the river water.

The villagers were very excited. Here was a development worker who knew something. They told Ayawa, "With your help, perhaps we can get rid of this spirit. Please tell us to do."

Ayawa suggested that they look at all the water sources in the area of the village to see if they could find one tree of the evil spirit. Together they went around examining the water with the college microscope. The people could see for themselves that every source carried the guinea worm larvae.

Some of the villagers were discouraged. "You see, the spirit is everywhere. There is nothing we can do." But others said, "What about the well that the other officials brought us? They told us the water was better for our health, but we did not believe them. If we could get the pump working again we could examine the water and find out if they were right or not."

After much discussion, the villagers agreed this would be a good idea. They asked Ayawa to petition the aid agency for money to fix the pump, for it required new parts that were only available from overseas. But Ayawa refused. "You have everything you need among your own people to get this grant," she told them. You have your traditional village committees, you have a chief, you have some literate community members who have been to high school and can write in the language the development officials can understand. It is up to you to do it yourselves."

Finally the villagers were convinced. They put together a

grant application, and few months later had received their aid. Soon the pump was repaired. They tested the water, and sure enough, it was free of the evil spirit. The villagers were happy, but still cautious. "We will be careful to use only this water for a few seasons," they said, "and see if our health improves."

The journal of Ayawa's small aid organization shows a graph of the change in the incidence of guinea worm in this village. In the first year the number of cases diminished from 928 to 534. Three years later only seven cases of guinea worm were to be found. The villagers were so grateful that again petitioned the agency for money this time to buy educational materials so that they themselves could teach their children and grandchildren about the importance of clean water. Never again would they have to suffer from the horror of guinea worm.

What did we learn from this story?

Did the people change their thinking quickly? Is that good or bad?

How do people become able to think about things in a different way?

1. Through talking with someone who sees another side to the situation.  
When villagers and an outsider are linked by friendship, mutual trust, hope and respect; they can each learn something from each other.
2. Through searching together for understanding  
Both sides join in questioning, testing and decision making
3. Through action  
Villagers are able to transform their world by acting on their decisions.
4. Through reflection or thinking about what happened and coming to new ideas.

When working with village people we must respect their beliefs and customs whether or not we agree with them. If we become familiar with the beliefs and customs in each village we can use this to form a base for our teaching and allow people themselves to help make the associations in ways that they understand at that time. People will be more likely to trust you if you show them that you respect their traditional customs and beliefs. Eventually after seeing results they will be ready for more change. Never rush this process.

A good motto to remember is:

Talk with people not at them  
Work with them not on them.

### Summary

Adults learn differently from children because they have already formed opinions, beliefs and habits which affect the way they accept being taught. They have concerns and responsibilities which influence their expectations.

Adults can be motivated to learn if:

1. They are treated with respect and recognition
2. They will be learning practical solutions to real problems
3. They are shown ways to use their own abilities to solve problems
4. The training takes into consideration individual learning styles
5. They feel the training will improve them or their position in life
6. They are given positive feedback by trainers and peers
7. They feel that they are allowed to express their feelings in life
8. They are encouraged to make their own decision and take charge of their own development

### Teaching Methods

Lecture/Discussion  
Small group activities  
Role Plays  
Case Study

### Evaluation

Pretest/Post Test

## UNIT 3 CREATING A POSITIVE CLIMATE FOR LEARNING

Introduction

Adapted from Training Skills for Reproductive Health Professionals JHPIEGO corporation

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Training from a participant's point of view:

You have been informed by your superior that you have been selected to participate in a ten-day clinical update program in the management of genital tract infections in family planning. You were advised of this a week before the program was to start and were told that you had been nominated for participation by someone in authority at the Department of Health. You are unsure whether the fact that your name was selected is a positive or negative reflection on your work. Does it mean that you may be in line for a promotion, or alternatively does someone think that you haven't been doing a good job and need additional training? No information is provided about the training other than the dates, location and starting time.

The first session is about to begin and you are a little nervous about what to expect. You find a place to sit towards the back of the classroom and then glance around the room. You know only one of the other ten participants. Five minutes after the session is scheduled to start, the trainer comes hurrying through the door with a stack of papers and, turning to the first person in sight, says, "Please pass these out!" The trainer then begins the first session on "Screening for Genital Tract Infections in Family Planning. You exchange glances with the other participants and wonder whether they, like you, are hoping that the end of the program comes soon.

Has this ever happened to you? How would you feel? Would this situation affect your attitude towards the trainer and the training program? Can this type of situation happen to the trainer?

Training from the trainers point of view:

You have been informed that you are to conduct a two-week training of trainers course. You are given the course syllabus, outline, and schedule. You pack up all of your course materials and travel to the training site. Upon arrival you find:

- The people who are there do not have the background and skills you had expected.
- The training room is too small and there is poor ventilation
- There is no writing board or overhead projector

- The room contains chairs lined up in rows
- You planned for 15 participants - 30 show up!

Would these items affect the way the trainer and participants feel about training? Of course they would!

Unfortunately, in both these situations the training course is off to a poor start. The trainer will have a difficult time creating an appropriate climate for learning. A positive climate is one which encourages and is conducive to learning, one which creates an atmosphere of safety in which participants can ask questions, and in which everyone, not just the trainer, takes responsibility for accomplishing the objectives of the program.

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- How can the environment and atmosphere encourage learning?
- How can the atmosphere encourage interaction of the trainers and participants?
- How can the training climate be made more positive?
- What is necessary for a positive training experience?

Purpose:

1. To enable trainers to create a positive training climate in which trainees feel comfortable and which promotes learning.

Action:

1. Explore ways adults feel encouraged to learn.
2. Participate in planning for a positive training climate
3. Practice techniques which promote a feeling of freedom to interact with all members involved in the training.

Information needed for successful action

Review adult learning needs already covered in unit 2.

Some characteristics of people who attend courses to acquire new knowledge skills and attitudes; they:

1. need training to be related to their real life needs
2. are highly motivated - eager to learn if training is related to their real life needs
3. like to be actively involved in training
4. like to have a variety of learning experiences
5. need positive feedback
6. have personal concerns
7. need to be treated as individuals
8. need to maintain their self-esteem
9. have high expectations of the trainer and themselves
10. have personal needs that must be met

- 1) **Training should be related to participants real life situations**
  - a. People want to feel that their experiences and knowledge are valued and can be applied to their training
  - b. Learning should relate directly to the job responsibilities of the participant
  - c. Participants should know from the start the purpose of the course and how it applies to their real life and the job that is expected of them after training
  
- 2) **Motivation or Eagerness to Learn**
  - a. If people have been selected carefully, know the purpose of the training and why they have been selected they are usually eager to learn and are highly motivated.
  - b. For Village Birth Attendant Trainees training means an increase in knowledge which brings an increase in self-esteem and recognition and status in the community.
  - c. Make use of this motivation by allowing participants to talk about their experiences and relate them to the learning material.
  
- 3) **Involvement**
  - a. Few people like to just sit back and listen to a trainer. It soon becomes boring. Learning experiences should actively involve participants through:
    - Questioning and feedback
    - Discussion
    - Hands -on-work
    - Group and individual projects
    - Classroom activities and games
    - Allowing them input into schedule, activities, other events
  - b. Remember the old Chinese Proverb

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WHAT I HEAR, I FORGET  
WHAT I SEE, I REMEMBER  
WHAT I DO, I UNDERSTAND

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- 4) **Variety**  
Don't overuse one type of teaching method. A trainer who uses one method of teaching is like a physician that uses one method of treatment.

Individuals learn in different ways so in order to facilitate differing ways of learning use a variety of techniques

## Variety of Teaching Aides

Video Tapes  
Flip Charts  
Slides  
Chalkboard  
Models  
Real Objects

## Variety of Training Methods

Illustrated lecture  
Demonstration  
Coaching  
Discussion  
Guest Speakers  
Role Play and Case Studies

### 5) Feedback

Participants need to know how they are doing. Is their level of learning and performance coming up to the trainers expectations? Giving positive feedback is best but when it is necessary to correct, be gentle and constructive not destructive. The need for positive feedback is one reason to design learning to move from the known to the unknown or from simple activities to complex ones. Positive experiences and feedback should be provided from the start.

Feedback can be provided by:

- verbal praise either one- on-one or in front of others
- letting the group critique performance (but only after a lesson on how to give feedback constructively)
- recognizing appropriate responses during questioning
  - "That's Correct"
  - "Good answer"
  - "That's Excellent"
- recognizing good performance while coaching
  - "very good work she has prepared the birthing area properly"
  - "notice how well she ties the cord you should all try to do it just like that"
- letting participants know how they are doing in terms of program objectives

Corrective feedback must be done carefully and in limited quantity because it can strip people of self-esteem when not carried out properly.

Ideally feedback is asked for rather than imposed and should be a sharing of information instead of giving advice. It should contain only the amount of information a receiver can use or hear at one time and not everything on a persons mind. It shouldn't go into why people act the way they do.

When you are the receiver of feedback, how you act and what you feel inside is just as important as the things you do when you give feedback to others. Try to listen without defending yourself, asking questions only if you are not clear about what is being said. Remember that the feedback you get is only one person's opinion. Listen carefully and then decide how much of it to accept.

6) **Personal Concerns**

These are concerns that people have about themselves when it comes to training. They feel uncomfortable not knowing how to do something. If they will be able to learn, fear of failure or embarrassment or simply not knowing what to expect concerns many people. Trainers should recognize that participants may have specific concerns:

- fear of failure
- fitting in
- getting along with the trainer
- understanding content
- being able to perform the skills

To help participants feel comfortable from the start the training session should be opened with an activity that will place them at ease. Trainers should convey an atmosphere of safety where participants are not busy judging one another and themselves. An activity that acquaints people helps them put names with faces so they do not feel like a group of stranger

7) **Need to be treated as individuals**

People need to be treated as individuals who have a unique and particular background, experiences and learning needs. Each person has had many life experiences and trainers must recognize and respect that fact. Use those past experiences as place to start from when introducing new training. To make participants feel more like individuals:

- use participants names as often as possible
- involve all participants as often as possible
- treat participants as equal with respect
- allow participants to share information with others during sessions

8) **Self-Esteem**

Care and respect by the trainers when giving feedback are essential so that participants are not stripped of their self-esteem and their sense of competence necessary for them to do their jobs effectively.

9) **High Expectations**

People, especially those who have not attended school or a course before, may set high expectations for themselves and trainers. Trainers should allow time for trainees to voice their expectations at the beginning of the course so trainers can be clear about what is being offered and what participants can expect to gain from the course. Trainers should be honest with trainees about the limits of the training.

10) **Personal Needs**

People need to be comfortable to learn well. People differ in health and stamina. Rural people are often not accustomed

to sitting listening for long periods. Heat, noise, hunger, and small children may distract participants. Keep sessions short with timely breaks. Rural women will often need to bring small children with them. They will need attention and feeding so make time for that. Provide babysitters if possible or make arrangements so they can bring their own .

## PLANNING FOR A POSITIVE TRAINING CLIMATE

Positive training climate does not come about by accident but through careful planning. Planning takes thought, time, preparation and study on the part of the trainer. The objective is to have things run as smoothly as possible with a minimum of unexpected problems.

What should the trainer know beforehand?

- How many participants will be attending
- What the participants educational and experience background is
- What types of responsibilities the participants will have when they complete their training
- How the participants have been selected or why the participants enrolled in the course

The trainers should fully research the topic before instruction. Not only the technical information and skills but also knowledge of the training groups society. In the case of VBA training, knowing about the women's village, everyday life, religion, beliefs, practices and values are essential in order to relate training to every day needs. Ongoing research during the course should be planned into each session in the form of relevant questions and opportunities for the participants to share their experiences.

The trainers must think about training strategies. What methods they will use, how often, when, in what order etc.

Plan to meet the needs of the participants

- Are there physical barriers? Is the video large enough for all to see? Will there be power when needed? What will you do if the power fails?
- What plans need to be made for meals? Will there be refreshments such as tea, coffee, water?
- Do rules need to be made about smoking, betel nut chewing etc?
- Is accommodation available? adequate? Who provides bedding?
- Who provides the food? utensils? Who cooks?

- Are there adequate toilets nearby? Are they clean?
- What arrangements are there in case of emergency or illness of the participant?
- Who is responsible for providing transportation?

Planning for the facilities at the training site

- Is the area comfortable?
- Is there enough light. Can the place be darkened to show slides?  
  
Is your audio, video and demonstration equipment complete and in working order? Are all necessary parts ready and available? Make a list of all parts and check them to see that they are all where they should be.
- Is there a writing board or large paper ready with chalk or pens readily available?
- Is the space appropriate for the size of the group? Are there other areas that can be used if the group must divide? Is there proper furniture for seating, demonstrations, group projects?
- What physical arrangement of the furniture will encourage interaction and communication? Consider what arrangement will be used for demonstration, showing slides etc.?

## Section I

### ESTABLISHING AND MAINTAINING A POSITIVE TRAINING CLIMATE DURING INSTRUCTION

Good Planning helps establish a positive training climate before instruction begins. Maintaining a positive climate during instruction depends on the trainer's delivery style and how the delivery is received by the participants. The trainer sets the tone for the training through delivery style. In any training course how something is said is just as important as what is said. Techniques that can be used include:

- warm-up activities
- effective verbal and non-verbal communication
- appropriate use of humor
- activities outside the course

Warm-up activities or ice breakers can be helpful at the beginning of a course and used throughout to add interest.

Some examples:

- On the first day of training it is important that the participants get to know each other. Even when they all know each other, the trainer needs to become familiar with the participants. Instead of the usual "tell us your name" use an activity such as one of these:

#### Gossip

Divide the group into pairs. Give participants a few minutes to interview each other. Each participant is then given a minute to introduce his partner by sharing his/her name and at least two unique characteristics which they found out about them.

#### Variation

Ask participants to share with each other their favorite food or to name the animal they feel best describes them and why. This information is shared with the class when participants introduce each other.

#### Proverb

Write some well-known proverbs on a slip of paper. The slips of paper are then cut in two with half the proverb on each slip. These are mixed up then handed out to participants with instructions to move around the room and find the other half of the proverb they have in their hand. When pairs meet they are to introduce themselves and discuss the meaning of the proverb as it might relate to the training.

#### Variation

For illiterate groups use pictures of fruit or things that are found or used together like hammer/nails, coconut/coconut scraper.

Verbal Communication Techniques That Influence Training Climate

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**KISS**

**KEEP IT SHORT AND SIMPLE**

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- Change your voice pitch, tone and volume as you make your points, a monotone is boring no matter what the subject is.
- Use strong introductions which capture interest
- Try to communicate on a personal level by using names as you get to know them.
- Ask for participants opinion or what they know about a subject, use their ideas and examples in your training recognizing who said it.
- Avoid repeating words and phrases such as "Do you understand?"
- Talk slowly and in simple terms when talking to illiterate adults. Remember that unless you are using their tokples well they are hearing you in a second language. KISS is the rule- Keep It Short and Simple!
- Do not run one subject into another. Make sure there is a break between subjects so participants are clear that you are on to a different subject.
- Make certain that what you say is clear. Speak, clearly and confidently and loud enough to be heard by all the participants. When teaching village people, do not use technical terms if they can be avoided. Keep your words as simple as possible. When teaching VBAs use local terms whenever possible especially for body parts and functions associated with childbirth so participants can be very certain about what you are talking about.
- VBA training involves talking about sexual matters which you and the course participants may find embarrassing. Acknowledging this and allowing every to express their first nervous laughter can free everyone to go on and talk more comfortably as the training goes on. Find out and use words that participants understand and are acceptable for them to use in their own language.

## Nonverbal Communication

Nonverbal communication can be just as important as verbal communication. Nonverbal communication includes such things as dress, eye contact, body language, movement about the room. Remember body language can mean different things in different cultures. Try to be sensitive to peoples reaction if you are not familiar with their customs and adjust your behavior if possible.

- First impressions are important. Make sure you come across as friendly, accepting and nonjudgemental if you want involvement from the participants.
- Use eye contact to read faces, from facial expressions you can tell if there is understanding or confusion, you establish rapport and get feedback (eye contact may be difficult in some cultures).
- Use body language and gestures to help communication. Be energetic, learn to read the participants body language it will give you clues about how your lesson is coming across.
- Nodding your head and maintaining eye contact shows interest encouraging active participation
- Use positive facial expressions (look pleasant, smile)
- Avoid body language that is distracting- fidgeting, jiggling keys or coins or playing with pencils or chalk.
- Avoid putting tables, desks or other barriers between the presenter and the participants
- Be enthusiastic about the subject, the trainers enthusiasm directly affects the enthusiasm of the participants
- Convey an attitude of acceptance and respect. Village people, especially women, who may have only limited experience with outsiders may feel very intimidated by trainers; you must do all you can to win their trust and confidence if you are going to fully involve them in the training.

## Humor

Humor can help break the ice and promote a positive learning experience. Humor should never be offensive or off-color. It should never be used as a means of attack. Encourage participants to share humorous experiences. Even if the subject



matter is to be taken seriously as in VBA training, humorous stories can often reveal many things about the village situation that otherwise you might not find out and gives the trainers an opportunity to use this information in the training

Humorous cartoons or stories used in lessons or in handouts can help participants remember important points.

#### Activities outside class

Informal learning and discussion often takes place during meals and breaks., Be sure to maintain a sense of professional ethics and confidentiality.

- Maintain the dignity of the trainer and the participants at all times. Gossip about participants should not be entertained. Avoid being pulled into situations where a participant tries to ingratiate himself to the trainer by being critical of peers or trying to be "too" helpful.
- Follow through on commitments. If you say you are going to do something do it.

#### Introducing a Lesson

The first few moments of any training session are very important. You need to capture the participants attention but they may be thinking about something else, wondering what the session will be like or have little interest in the topic.

The introduction should

- Capture the interest of the entire group and prepare participants for the information to follow
- Make participants aware of the trainer's expectations
- Help foster positive training climate

Some techniques that can be used to introduce the session:

- Review session objectives
  
- Ask a series of questions about the topic.  
(Note: In training VBAs we found this to be a very good way to get village women involved in the training. They were usually eager to share what they had experienced and from this information we had a base of common understanding to build the session on. It gave the women a sense that we respected their input and increased their confidence so they shared even more in the following sessions. Care must be taken to be nonjudgemental about what is shared especially where it involves traditional beliefs.)
  
- Relating the topic to previously covered content
- Share a personal experience that is relevant to the topic (participants usually enjoy these kinds of stories).
- Relate the topic to real-life experiences, (adults learn best when they can see how something will fit in to their daily life).
- Use case studies or problem-solving activities.
- Use a video tape or other media
- Give a unique demonstration
- Call in another speaker
- Use a game, role play or simulation
- Relate the topic to what participants will be doing after they complete training.

#### Using Questioning

What is one key characteristic of an effective trainer?  
Which method of instruction will the best trainers use?  
Which technique will ensure a successful training session?

The use of effective questioning and reinforcement techniques answer all three of these questions.

The main purpose of questioning is to encourage the participant to think about the training topic.

Involving participants through questioning and discussion will help to hold their interest and attention. This is especially necessary when:

- dealing with complex topics
- training sessions are long
- the topic is not very exciting

Answering questions provides participants the opportunity to show their understanding of the training topic. For many participants, being recognized for demonstrating what they know is very motivating and will encourage them to continue participating.

Sometimes questioning can be used to regain control of the

audience if the trainer notices a participant is losing concentration. You can tell if you are losing someone by a glazed look on their face, they are talking with someone else, or they have a puzzled expression. A carefully directed question and positive reinforcement following the answer will help them remain attentive.

Questions can be asked at any time. The only problems you may encounter with oral questioning is that it can be time consuming and when a few persons dominate the discussion may not be as useful as it could be.

Questions should be developed in advance as part of lesson planning. Preparing questions in advance, and noting them in lesson plan ensures that the questions will be asked. Many trainers will fail to ask questions unless they include them in their plans.

A good question should be designed:

- contain only one idea, questions with 2 or 3 main ideas may be confusing
- be brief so participants can remember the entire statement
- focus on major points not minor details

a question should require more than a simple yes or no answer in order to avoid guessing. Ask for more details.

#### Effective Questioning Techniques

- Asking a question of the entire group allows someone to volunteer but often a few dominate while others do not participate
- Targeting the question to specific person by using the person's name before asking the question. The person can listen carefully and prepare an answer but the other participants may not concentrate on the question.
- Stating the question, pausing, and then directing the question to a specific participant. Each participant must listen to the question because they may be called.

The key is to avoid a pattern in order to keep it more interesting

Involve all participants during each session. Use names, this is a powerful motivator. Participants enjoy hearing their names and as a result will become more involved in the session.

Repeat a participant's answer, this provides positive reinforcement and ensures that the others hear the correct

answer.

Provide positive reinforcement to correct answers through facial expressions, praise, nods, displaying a persons work, using a participant as an assistant.

Examples of positive reinforcement:

"Very good answer, Mike."  
"I like the way you stated that ,Mary"  
" Em nau"  
"Em stret"  
"Yu save pinis"

When the response is partially correct reward the correct part and improve the incorrect or redirect a related question to the same or a different person

For an incorrect response make a noncritical statement then restate the question

Example: "That's not quite what I was looking for."  
"Sorry that's not right"  
"Let me rephrase the question"

When there is no attempt to respond restate the question or direct it to another participant.

When the participants ask questions of the trainer respond with the answer or respond with another question.

#### Cautions in Regard to Questioning

When an appropriate question is asked for which the trainer has no answer, the trainer should acknowledge the question, admit that an answer does not come to mind, conduct some research after the session or as soon as possible and share the answer during the next session.

Keeping the session on topic. Participants may ask questions that will lead the discussion away from the training topic. When this happens the trainer must decide whether the discussion is valuable. When participants will benefit, and there is enough time, the trainer may follow the new line of discussion. If not the trainer must move the discussion back to the topic.

#### Summarizing a Lesson

A summary is used at the end of instruction to reinforce the content of a presentation. It reviews the main points the trainer expects the participant to understand clearly.

The purposes of the summary include

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- Drawing together the main points of the presentation ensuring that objectives have been reached
- Providing feedback to participants

The summary should

- be brief
- address only main points
- involve participants through questioning and interaction

Summary techniques

- Asking the participants for questions gives participants an opportunity to ask questions and clear up misunderstandings of the content. This may result in a lively discussion focusing on those areas that seem to be a problem for participants.

Limitations:

- it may be difficult to guide the discussion to include all of the key points
- many participants often will not ask questions so discussion may be limited
- Ask questions of the participants by preparing key questions focusing on the main points. These will encourage participants to think about the content, encourage discussion and give the trainer an opportunity to determine how well the participants understand the content
- Administer a practice exercise or test

The topic summary is developed during the planning process. The trainer will :

- review objectives
- study instructional content
- develop a topic introduction
- select an appropriate summary technique

### Summary

Effective training and learning depends on the establishing and maintaining a positive training climate.

To create a positive training climate the trainer must understand the characteristics and needs of the participants in the programme.

Creating a positive training climate before instruction includes understanding the participants, researching the topic, selecting methods of instructions, developing or reviewing the lesson plan, considering the needs of participants and considering and arranging the physical facilities for the best use.

The training climate is influenced by the delivery style of the trainer, including verbal and nonverbal communication, questioning and reinforcement and the use of humor.

Using interesting lesson introduction, questioning and reinforcement techniques, and lesson summaries encourages a positive training climate.

A topic is introduced to capture the interest of the participants and to prepare them to receive the information in the session

Questioning and reinforcement techniques are used to encourage participants to think about the training topic, maintain interest, and provide feedback.

The topic summary reinforces the main points of the session and is given at the end of the presentation.

In a situation where participants may come from varied backgrounds and group identities or where most of the participants have never attended formal training, the trainer must maintain an atmosphere of respect for all participants and among all participants.

#### Teaching Methods

Lecture/Discussion  
Demonstration  
Role Play  
Small Group Activities

#### Evaluation

Pre Test/Post Test  
Observe participants practicing activities

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## GUIDELINES FOR CREATING A POSITIVE TRAINING CLIMATE

### Consider How People Learn

1. Training must be related to peoples needs
2. Provide an environment which is motivating
3. Involve participants
4. Provide a variety of learning experiences
5. Provide positive feedback
6. Consider participants personal concerns
7. Treat participants as individuals
8. Maintain participant self-esteem
9. Consider the high expectations of participants
10. Meet the personal needs of participants

### Planning for a Positive Training Climate Before Instruction

1. Find out why participants are enrolled in the programme
2. Find out the experience and educational background of the participants
3. Find out what the responsibilities of the participants will be after attending the course
4. Find out the number of participants attending the course
5. Research the topic
6. Make training plans
7. Seek consultation if available
8. Consider the needs of the participants
9. Consider the environment and physical condition of the classroom
10. Arrange classroom tables and chairs.

### Establishing and Maintaining a Positive Training Climate During Instruction

1. Use warm-up activities or ice breakers
2. Vary the pitch, tone an volume of the voice
3. Begin each session with a good introduction
4. Communicate on a personal level
5. Use the ideas and examples of participants in your training
6. Avoid repeating words and phrases
7. Talk at an appropriate pace
8. Make smooth transitions between topics
9. Speak clearly
10. Use words acceptable to participants
11. Maintain eye contact
12. Use effective body language
13. Use positive facial expressions
14. Avoid gestures or body language that is distracting
15. Limit the use of desk, tables, podiums
16. Use illustrations and teaching aides whenever possible
17. Use questioning and reinforcement
18. Use appropriate humor
19. Avoid becoming involved in gossip about participants

### Introducing a Training Topic

1. Review the session objectives
2. Ask a series of questions about the topic
3. Relate the topic to previously covered content
4. Share a personal experience
5. Relate the topic to real-life experiences
6. Use a case study or problem-solving activity
7. Use a video tape or other media materials
8. Give a demonstration
9. Use an invited speaker
10. Use a game, role play, or simulation
11. Relate the topic to future work experiences

### Using Questioning Techniques

1. Develop questions during lesson planning
2. Design questions to be brief and to contain one idea
3. Ask questions at various levels of difficulty
4. Ask questions of the entire group
5. Target questions to individual participants
6. Use names with questions
7. Involve all participants through questioning

### Summarizing a Lesson

1. Ask participants for questions
2. Ask questions of the participants
3. Administer an informal practice test or quiz
4. Use a game or review main points

## UNIT 4 INSTRUCTIONAL METHODS AND TEACHING AIDES

Purpose

To provide information about various methods of instruction that can be used for training.

To provide information about various teaching aides useful for presenting training content

Action

Select appropriate method of instruction for training illiterate adults

Develop appropriate teaching aides for presenting content to illiterate adults

Information needed for successful action

There are three learning areas which influence our ability to do a job. Training must take into consideration all of these learning areas in order to make sure training is complete. The three areas are:

1. Knowledge which focuses on the information needed to perform a job or task
2. Skill which focuses on the procedures necessary to perform a job or task
3. Attitude which focuses on the attitudes necessary to perform a job or task

When considering what methods of instruction a trainer is going to use the trainer must consider what learning area will be focused on. Often tasks will have sections in more than one learning area so a variety of instructional methods must be used. If, for instance, the task falls into the knowledge area as well as the skills area we would not want to provide only skills training.

Questions you should ask as you select instructional methods:

Is the method appropriate for the objectives?

Will there be enough trainers to carry out the training method?

Do you have available all the necessary materials, supplies and equipment?

Are clinical facilities available with sufficient client load for adequate training?

Is the method suitable for the size of the group?

Are there special classroom requirements?

Is the method appropriate for group training, individualized training or both?

How much time is available and what times?

What is the background of the participants?

Will the methods selected stimulate interest and provide variety?

(See Table 1.4.1 for an outline of the common methods of instruction and Table 1.4.2 which will help you select appropriate instructional material; both taken from "Training Skills for Reproductive Health Professionals")

Training experiences or learning activities are necessary for a successful training course. Developing these activities should be based on two basic conditions.

The first condition is practice. When participants are given information or are developing skills they need to practice or apply their newly acquired knowledge or training will be ineffective.

Practice must be active and apply what has been learned. A variety of exercises should be provided at different times during training to help maintain interest.

**Examples:**

**Knowledge:**

- Solve problems
- Answer a series of questions
- React to a case study
- Identify parts on a drawing

**Skills:**

- Practice a skill after watching a demonstration
- Practice on a model

**Attitudes:**

- Participate in a role play
- Conduct an interview

The second condition is feedback. In all three learning areas participants must know how they are progressing. Feedback must be given as soon as possible after a performance. It must be clear and must be provided where appropriate throughout training. Feedback can take many forms and should include praise(positive feedback) as well as suggestions for improvement.

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**Table 1.41 Common Methods of Instruction**

METHOD	DEFINITION	AREA(S)	ADVANTAGES	LIMITATIONS
Discussion	<ul style="list-style-type: none"> <li>Interactive process of sharing information and experiences related to achieving a training objective</li> </ul>	Knowledge and attitude	<ul style="list-style-type: none"> <li>Gives participants an opportunity to share their knowledge and feelings on the topic</li> <li>Trainer serves as facilitator</li> </ul>	<ul style="list-style-type: none"> <li>When not properly conducted, may be dominated by a few participants and may move off the topic</li> <li>Participants need background information about the topic prior to participating in the discussion</li> </ul>
Games	<ul style="list-style-type: none"> <li>Approach to instruction in which the participants are involved in a learning activity which usually has a set of rules and is often competitive</li> <li>The purpose of the game must relate to the training objectives</li> </ul>	knowledge and attitude	<ul style="list-style-type: none"> <li>Highly motivational and stimulating</li> <li>Usually involves most or all of the participants</li> </ul>	<ul style="list-style-type: none"> <li>Requires planning time.</li> <li>May have minimal impact if the game does not relate to the objectives and/or there is no discussion following the game</li> </ul>
Guided Practice	<ul style="list-style-type: none"> <li>Method of instruction in which the trainer provides the participants an opportunity to practice or apply the content presented in a training session.</li> <li>The trainer guides or supervises the participants as they practice in the classroom, clinic, or through individual study</li> <li>Guided practice is also known as a practicum.</li> </ul>	Knowledge, attitude, and skill	<ul style="list-style-type: none"> <li>Provides participants an opportunity to practice</li> </ul>	<ul style="list-style-type: none"> <li>May not be useful if the trainer fails to monitor and provide feedback</li> </ul>

From Training Skills for Reproductive Health Professionals by JHPIEGO

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Common Methods of Instruction

Table 1.4.1 Common Methods of Instruction

METHOD	DEFINITION	AREA(S)	ADVANTAGES	LIMITATIONS
Case Study	<ul style="list-style-type: none"> <li>Method of instruction using realistic scenarios that focus on a specific issue, topic, or problem. Participants typically read, study, and react to the case study in writing or orally during a discussion</li> </ul>	Primarily knowledge and attitude	<ul style="list-style-type: none"> <li>Focuses participant attention on a real situation</li> <li>Participants may work separately or in small groups</li> <li>May require the use of higher levels of learning, such as analysis, synthesis and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>When the topic is not appropriate for the objectives, the use of case studies may not be motivating</li> <li>Requires considerable development time</li> </ul>
Coaching	<ul style="list-style-type: none"> <li>Approach in which the trainer explains procedures or routines and demonstrates tasks, modeling the exact performance of the skill</li> <li>Coaching also involves observations of and interactions with the participant to monitor progress and overcome problems</li> </ul>	Knowledge, skill, and attitude	<ul style="list-style-type: none"> <li>Is useful when a small group or one person needs instruction and training</li> </ul>	<ul style="list-style-type: none"> <li>Requires coach to be available when the participant needs instruction and feedback</li> </ul>
Content Expert	<ul style="list-style-type: none"> <li>Presentation related to the training objectives conducted by an expert in the field</li> </ul>	Knowledge, attitude, and skill	<ul style="list-style-type: none"> <li>Allows participants to interact with experts in the field and acquire information that may not be available in the regular classroom</li> </ul>	<ul style="list-style-type: none"> <li>Is only as effective as the content expert</li> <li>Requires that the trainer plan for the session and prepare both the expert and participants</li> </ul>
Demonstration	<ul style="list-style-type: none"> <li>Method of instruction in which the trainer presents the steps necessary for the completion of a procedural or clinical task</li> </ul>	Skill	<ul style="list-style-type: none"> <li>Provides the participant with a step-by-step procedure for completing a specific skill</li> <li>Demonstration is an effective method for applying knowledge in an observable situation</li> </ul>	<ul style="list-style-type: none"> <li>Requires planning, practice and a high degree of skill on the part of the trainer</li> </ul>

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Table 1.41 Common Methods of Instruction

METHOD	DEFINITION	AREA(S)	ADVANTAGES	LIMITATIONS
Individualized Training	<ul style="list-style-type: none"> <li>Process in which training objectives are reached by participants working at their own pace through individual training packages</li> </ul>	Knowledge, attitude, and skill	<ul style="list-style-type: none"> <li>Gives each participant an opportunity to move through the training objectives at a pace appropriate for his or her background, experience, and interest.</li> </ul>	<ul style="list-style-type: none"> <li>Requires extensive course planning and program revisions</li> <li>Potentially limited by the assumption that participants have the motivation to be successful in individualized learning</li> <li>When conducted on a computer, the cost of computer-based training must be considered</li> </ul>
Individual Tutorials	<ul style="list-style-type: none"> <li>Method of instruction in which the participant supplements other methods through the study of information on an individual basis, under the instruction of a trainer or tutor</li> </ul>	Knowledge, attitude, and skill	<ul style="list-style-type: none"> <li>Gives participant an opportunity to learn training content at their own pace</li> </ul>	<ul style="list-style-type: none"> <li>Requires trainer to identify materials appropriate for individual study</li> </ul>
Illustrated Lecture	<ul style="list-style-type: none"> <li>Method of instruction in which the trainer provides information verbally and supplements the content with a variety of questions, interaction, audio-visuals, and instructional materials</li> </ul>	Primarily knowledge	<ul style="list-style-type: none"> <li>Delivers a lot of information in a relatively short period</li> <li>Is effective for both large and small groups</li> <li>Trainer maintains primary control of the pace of the presentation</li> </ul>	<ul style="list-style-type: none"> <li>Demands high levels of concentration on the part of the participants and the trainer</li> <li>Participant interaction may be minimal</li> <li>Without questioning and interaction, the trainer may have a difficult time determining whether participants are comprehending the information being presented</li> </ul>

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**Table 1.4.1 Common Methods of Instruction**

METHOD	DEFINITION	AREA(S)	ADVANTAGES	LIMITATIONS
Panel Discussion	<ul style="list-style-type: none"> <li>• Discussion related to the training objectives that is presented by a panel of individuals or content experts</li> </ul>	Primarily knowledge	<ul style="list-style-type: none"> <li>• Allows participants to interact with experts in the field and acquire information that may not be available in the regular classroom</li> </ul>	<ul style="list-style-type: none"> <li>• Is only as effective as presenters and moderator</li> <li>• Requires that the trainer plan for the session and prepare both participants and panel members</li> </ul>
Role Play	<ul style="list-style-type: none"> <li>• Method of instruction in which participants play out roles in a simulated situation related to the training objectives</li> </ul>	Primarily attitude and knowledge	<ul style="list-style-type: none"> <li>• Provides a highly motivational climate, as participants actively take part in a realistic situation</li> </ul>	<ul style="list-style-type: none"> <li>• Requires considerable development time in addition to ensuring that participants are prepared to participate in the role play</li> <li>• Trainer may fail to plan for the application of the role play</li> </ul>
Study Trip	<ul style="list-style-type: none"> <li>• Method of instruction in which participants are involved in a learning situation outside the regular classroom.</li> <li>• The study trip might be to another location in a facility or require travel outside the facility</li> </ul>	Primarily knowledge		<ul style="list-style-type: none"> <li>• Is only as effective as the host of the trip</li> <li>• Hinges on how closely the training objectives relate to the area being toured</li> <li>• Requires extra planning and coordination</li> </ul>

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These definitions and the matrix shown in 1.4.2 will assist the trainer in selecting appropriate methods of instruction.

To select methods of instruction, the trainer should

- Read the training objectives
- Review the definitions of the various methods of instruction
- Consider the appropriate area(s) for each method in addition to the advantages and limitations of each

**Table 1.4.2 Matrix for Selecting Methods of Instruction**

METHOD	SELECTION FACTORS TO CONSIDER						
	A	B	C	D	E	F	G
Case Study				X	X		
Coaching	X		X	X		X	
Content Expert				X	X		
Demonstration		X	X	X	X		
Discussion				X	X		
Games		X		X	X		X
Guided Practice	X	X	X	X		X	
Individualized Training	X	X	X	X	X	X	X
Individual Tutorials				X		X	
Illustrated Lecture		X		X	X		
Panel Discussion					X		
Role Play				X	X		X
Study Trip			X	X	X	X	

- A. More than one trainer may be required
- B. May require additional equipment and materials
- C. May require a clinical facility
- D. Appropriate for small groups (5-10)
- E. Appropriate for large groups (10-30)
- F. Appropriate for individual study
- G. May require special classroom setup

From Training Skills for Reproductive Health Professionals by JHPIEGO

- Examples:
- Questioning and interacting during training sessions
  - Comments during oral evaluations
  - Providing informal comments, praise and discussion in the classroom, during practice sessions and during breaks

## TEACHING AIDES

Teaching aides are a means of transmitting knowledge and skills. Using a variety of teaching aides which are appropriate for the group being trained will add interest to your course.

When training illiterate adults you will necessarily be limited to materials that show pictures or use real life or hands-on materials rather than printed materials.

Some teaching aides which may be useful for illiterate adults are:

- Posters, drawings and illustrated flip-charts showing true-to-life pictures.
- Displays
- Slides
- Video Tapes
- Anatomical Models
- Homemade Teaching Aides such as Puppets, Flannel Boards or Anatomical Models
- Writing Board (may be of limited use unless the trainer is a fairly skillful artist and can depict accurate drawings)

The trainer should consider the following questions when evaluation and selecting teaching aides

- Are the materials appropriate for the training objectives?
- Are the materials relevant and culturally sensitive?
- Is the information biased?
- Will the materials work with the available equipment?
- Is the equipment available and working?
- Is the format of the materials consistent with what is already being used?
- Is the information contained in the materials current?
- Is the information contained in the materials factual?
- Is the level of conversation appropriate for the participants?
- Is the cost reasonable?

## Summary

When considering methods of instruction for training there are several things to consider. Is the method appropriate for the trainees and the objectives of the training? Where and when will training take place? Do you have the necessary equipment or facilities? How much time is available? Which areas of learning need to be covered knowledge, skills or attitudes?

In order for participants to remember what they are taught you must provide learning experiences which provide practice and feedback.

Teaching aides provide further means of interacting with session content. Provide as much variety as possible. Evaluate appropriateness carefully.

### Teaching Methods

Lecture/Discussion

### Evaluation

Pre Test/Post Test

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## GUIDELINES FOR SELECTING AND EVALUATING METHODS OF INSTRUCTION AND TEACHING AIDES

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### Selecting Methods of Instruction

1. Ensure method is appropriate for objectives
2. Ensure sufficient trainers are available to use this method
3. Ensure sufficient resources are available for this method
4. Consider clinical requirements if necessary
5. Consider size of group to be trained
6. Consider classroom size and arrangement needed
7. Consider whether a method is appropriate for group or individualized training or both
8. Consider times available for training
9. Consider the background of the participants
10. Select a variety of methods

### Selecting Teaching Aides

1. Should provide a variety of learning experiences
2. Should reach as many learning styles as possible
3. Materials selected should best present or supplement the content

### Evaluating Teaching Aides

1. Ensure materials are appropriate for the training objectives
2. Ensure materials are relevant and culturally sensitive
3. Ensure materials are not biased
4. Ensure materials work with available equipment
5. Ensure format is consistent with formats in use
6. Consider the quality of the materials
7. Ensure materials are current
8. Ensure content within materials is factual
9. Consider the conversational level of materials
10. Consider the cost.

## UNIT 5 PRESENTING ILLUSTRATED LECTURES

Is there anyone who hasn't been through a dull, boring lecture?  
 Have you attended a training course that was exciting and really made you want to learn more?  
 What is the difference between the two?

The difference is in the quality of the presentation.

The trainer who can present course information in an exciting, interesting way is more likely to be successful in helping participants in reaching training objectives.

What makes a presentation effective?  
 Is it something that comes naturally or can it be developed?  
 Probably both.

This unit focuses on developing presentation skills using the most common form of presentation the illustrated lecture.

Every presentation should begin with an introduction to capture participant interest and prepare the participant for learning. After the introduction, the trainer may deliver content using the illustrated lecture. Questioning should be used to encourage discussion and hold participant interest. The trainer should end the presentation with a summary of the key points or steps.

Purpose

To train participants to effectively present information using the illustrated lecture

Action

Identify the advantages and limitations of the illustrated lecture

Plan an illustrated lecture

Present an illustrated lecture

Information needed for successful action

## Advantages and Limitations of the Illustrated Lecture

What is the Illustrated Lecture?

- The illustrated lecture is the most commonly used presentation.
- It is usually considered on-way communication with most of the information coming from the trainer
- The trainer provides information verbally and supplements the content with questions, interaction and teaching aides

What are the advantages of the illustrated lecture?

- It works well for groups of mixed fast and slow learners
- It can deliver large amounts of information in a relatively short period of time
- It can be used with larger groups
- The trainer can control what is said and when it is said

What are the limitations of the illustrated lecture?

- Lecturing is demanding. Trainer and participants may need to concentrate and pay attention for long periods of time
- Involvement of the participants may be low
- It is easy to present too much information too quickly and overload the short-term memory capacity of adults

### Planning an Illustrated Lecture

The first step in planning any presentation is to review the lesson objectives. Will the illustrated lecture be the most appropriate way of meeting the objectives?

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**PLAN YOUR LECTURE WITH A  
KISS  
KEEP IT SHORT AND SIMPLE**

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The rule to follow when planning an illustrated lecture for village adults is Keep It Short and Simple- KISS. It is better to break up material into shorter sessions than to overwhelm illiterate adults with too much information they will not remember.

The lesson plan or trainer's notes for an illustrated lecture must contain:

- The objectives or purpose
- Outline of key points
- Questions

The outline allows the trainer to glance at the points without reading them to the participants. Key questions to be asked should be noted at appropriate places in the outline so you remember to use them. Make notes at the points where teaching aides are to be used.

The illustrated lecture:

- Begins with a strong introduction
- Followed by a smooth transition in the main presentation
- Allows the trainer to follow the plan's outline during the

- lecture
- Concludes with an effective summary
- Evaluation may include a knowledge-based test for measuring the participant's understanding of the content

How do you present an illustrated lecture?

Using a variety of presentation skills will help hold the interest of the participants and minimize repetition.

- First develop a plan and follow the plan during training sessions. Follow the lesson plan or trainer's notes with objectives, a strong introduction, body, summary, participant activity and evaluation. Plan to keep the presentation short short when working with village adults. They do not have a long attention span. Ten minutes of giving information with an additional 15 to 25 minutes for questions and discussions is maximum for an illustrated lecture.
- Communicate of a personal level. Do not use jargon or technical terms that participants do not need to know. When working with village adults always remember to use simple terms and when possible speak in their own language.
- Speak slowly. If you are not speaking in the local language remember that adults will have difficulty following what you are saying especially if it is an unfamiliar subject.
- Plan for the questions that you will ask but allow plenty of time for answering spontaneous questions from the participants who need to clarify what you have said. It is usually best to encourage participants to ask relevant questions as you go along rather than to wait until the end of the presentation because they might forget the question.
- Maintain eye contact with participants. Eye contact can provide feedback on how well participants understand the presentation and helps communicate a caring attitude on the part of the trainer. Be conscious of cultural norms regarding eye contact.
- Project your voice so everyone can hear you clearly. Change your voice pitch, tone and inflection. Don't use a monotone.
- Avoid using pet or repetitive words, phrases or gestures that may become distracting when used over and over. For example:
  - "OK, no....."
  - "Lets see no...."
  - "Uh....."
  - "Is that clear?"
  - Hands in the pocket, pacing, rocking on the heels

- Show enthusiasm. Smile, act excited about the topic, move with energy, use different facial expressions
- Move about the room in front of and toward participants at appropriate times
- Use appropriate teaching aides.
- Ask simple as well as complex questions and allow time for participants to ask questions
- Provide positive feedback during the presentation for example:
  - "Very good point, Maino."
  - "Thanks for sharing that story."
  - "Kisa has made a good point."
- Use participants names as often as possible:
  - During questioning and when providing feedback
  - To anchor the individual to the presenter and keep him or her focused
  - To encourage a positive learning climate

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### THE TRAINER IS A ROLE MODEL

#### BE A GOOD ROLE MODEL

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- Use humor appropriately, for example:
  - > Cartoons
  - > Humorous questions
  - > Topic-related humorous stories given by you or participants
  - > A topic-related cartoon for which participants are asked to come up with a caption
- Provide smooth but clear transitions between topics. When shifts are abrupt it may be confusing. A smooth transition can be accomplished by:
  - > A brief summary
  - > A series of questions
  - > Relating content to practice or an exercise (case study or role play etc.) before moving onto the next topic

Then provide an introduction for the next topic.

Be a good role model. The trainer is a role model in terms of dress, appearance support of the organization, enthusiasm, attitude, being on time, attendance and planning,

## Summary

This unit was focused on the presenting of instruction in the form of the illustrated lecture.

The illustrated lecture is the most common instructional method. The techniques in this unit will help the trainer to present lectures effectively.

In the illustrated lecture information is provided verbally and is supplemented by questions, interaction and teaching aides. The illustrated lecture is usually considered a one-way communication process with most of the information originating with the trainer.

## Teaching Methods

Lecture/Discussion  
Demonstration  
Practice

## Evaluation

Observe Practical Sessions

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## GUIDELINES FOR PRESENTING AN ILLUSTRATED LECTURE TO ILLITERATE ADULTS

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1. Review the session objectives
2. Prepare and follow a lesson plan containing details on preparation, presentation, application and evaluation
3. Prepare an effective topic introduction and summary.
4. Plan to keep it short and simple(KISS)
5. Develop an outline to follow during the body of the presentation.
6. Keep the session short(no more that 30-40 minutes)
7. Communicate on a personal level.
8. Speak slowly and in simple terms.
9. Maintain eye contact
10. Project your voice so everyone can hear clearly
11. Avoid using repetitive word, phrases, gestures
12. Show enthusiasm
13. Move about the room
14. Use appropriate teaching aides
15. Ask simple and complex questions
16. Allow time for participants questions
17. Provide positive feedback
18. Use appropriate humor
19. Use participant names as often as possible
20. Provide smooth transitions between topics
21. Be a good role model.

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5.5

## UNIT 6 FACILITATING SMALL GROUP ACTIVITIES, DISCUSSIONS, CASE STUDIES AND ROLE PLAYS

What are some other ways besides lectures that information can be presented to participants? What is the role of the trainer in these activities? How is being a facilitator different than being a lecturer?

### Purpose

To acquaint the participant with several different ways of presenting instructional material other than lectures.

### Action

Facilitate a small group activity  
 Facilitate the use of the case study  
 Facilitate the use of role play  
 Conduct a group discussion

### Information Needed for Successful Action

A facilitator is someone who facilitates or makes things easier. A facilitator does not give lectures but acts as a guide to help participants interact to reach training objectives. A facilitator must lay the groundwork for a session then help it to happen.

Every presentation should begin with an introduction to capture participant interest and prepare the participants for learning. After the introduction, the trainer may use case studies, role plays, and group discussions all in conjunction with small group activities to present the essential information. Along with these techniques the trainer will use questioning to encourage interaction and hold interest. The presentation is ended with a summary of the key points or steps.

### Facilitating Small Group Activities

If the training group is large you may sometimes want to divide the group into smaller groups of 4-6 participants in order to carry out a variety of activities. Some activities you may do in small groups are:

- Solving a problem which has been presented by a trainer or a participant.
- Reacting to a case study
- Preparing and presenting a role play within the small group or sharing the role play with the large group.

Small group activities have many advantages. They can:

- Provide an opportunity for participants to learn from each other

- Involve all participants
- Create a sense of teamwork among group members as they get to know each other
- provide for a variety of viewpoints

Participants should not be in the same small group each time. Some ways the facilitator can create small groups are:

- Assign participants to groups
- Have participants count off and all the ones meet, all the twos etc.
- Dividing them according to the months of their birth- first three months in one group, second three months in another.
- Ask participants to form their own groups
- Ask participants to draw a group number or name.

Consider the room arrangement:.

- It must be flexible with enough room so groups do not disturb each other and the trainer is able to move easily from one group to another
- You can use breakout rooms which are small rooms near the main classroom where small groups can go.

Give participants a time limit in which to complete their small group activity.

Instructions can be given on a handout, a flip chart or orally.

Instructions should include:

- Directions
- Time limit
- Participants roles(if a role play)
- Situations or problem to discuss, resolve or role play.
- Questions for a discussion

When the groups have completed their activity, they can be brought together as a large group for a discussion of the activity. Discussion might involve:

- Reports from each group
- Responses to activity questions
- Role plays presented by participants in the small group

The trainer must provide a summary discussion following small group activities in order to ensure that participants understand the point of the case study or role play.

## FACILITATING THE USE OF THE CASE STUDY

A case study uses realistic scenarios to focus on a specific issue, topic or problem. The case study is read by the facilitator or participants are given copies to read and study themselves. The case study is then discussed in small or large groups.

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Advantages or using the case study method include:

- It focuses on a real situation
- It actively involves the participants
- In small groups it encourages interaction
- Participants react to realistic and relevant cases that are directly related to their training and the work they will be doing
- Reactions can provide different perspectives and different solutions to problems presented
- Reacting to a case study helps develop problem-solving skills

Disadvantages of the case study:

- It is difficult for some trainers to make the transition from traditional trainer to facilitator
- For illiterate adults you may have to read the case study several times
- It may require more time than other methods
- Some participants may not take the case study seriously because they are not actually responsible for the outcome of their decision

Case studies can be developed by the trainer or the participants. Situations for the case study can come from :

- clinical experience
- medical histories/records
- experiences from clinic staff
- experiences from clients
- experiences from participants

Often the women in VBA training have questions about problems they have experienced or observed concerning pregnancy or delivery in their village. These cases make very good case studies which hold the interest of all the participants because they really happened and may happen again.

After hearing or reading the case study participants are invited to give their reactions. They can:

- analyze the problem to find the source of the problem
- be asked specific questions to answer
- be asked open-ended questions
- asked to come up with a solution for the problem

The participants can share their reactions by:

- reports
- responding to questions
- role plays
- recommendations

The trainer should then summarize the results which may involve a group discussion.

## FACILITATING THE USE OF A ROLE PLAY

A role play is a method of instruction in which participants play out roles in a situation related to the training objectives.

The advantages of a role play are that it actively involves the participants in a real life situation without having to take real life risks.

The main disadvantages are:

- Development time for the trainer
- Planning time required by participants during training
- Without good facilitation it can move away from the objective

Role plays can be used:

- To make participants aware of communication skills needed to counsel clients
- To reinforce a demonstration of clinical skills such as delivering a baby using an anatomical model
- To show how not to counsel a client. This can also help participants understand how a poorly counseled client might feel. Always follow this approach by demonstrating the correct procedure.

Role plays can be informal, formal, or involve a clinical demonstration. These are defined as:

- **Informal:** The role players are given a general situation and are asked to "act it out" with little or no preparation time. For example in VBA training the trainer can ask two women to role play how women are assisted in labour and delivery in the village.
- **Formal:** The role players are given a set of instructions and specific roles they are to act out.

A particular type of formal role play is called the open-ended problem drama. This play illustrates a problem or conflict familiar to participants but it is left unresolved in order to stimulate participants to think about the situation and discuss possible solutions. A good problem drama should be based on a local situation that is a familiar problem to all. It should be left unresolved so participants will have to supply their own interpretation and suggest possible solutions to the problem. The drama should have only one major point and should show a problem that occurs over a short period of time. The characters should be believable--some good, some bad-- so participants can take sides. It should be genuinely controversial so there can be more than one reasonable conclusion.

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6.4

- **Clinical Demonstration:** This is similar to a formal role play but it uses an anatomical model and is often done along with a coaching session. For example the trainer may use a pelvic model to give a demonstration on how to deliver a baby. After the demonstration two of the participants may be asked to role play the procedure. In addition to demonstrating the steps on the model they will also role play how they would talk to the mother.

The steps to facilitate the role play include

- State the objectives
- Involve as many of the participants as possible
- Use previously developed or participant suggested informal, formal or clinical demonstration role plays.
- Ensure that those participants observing the role play know what to look for
- Provide sufficient time for planning and presenting the role play
- Following the role play, conduct a discussion focusing on the key points, skills, and actions that were demonstrated.

### CONDUCTING A GROUP DISCUSSION

When the illustrated lecture is used it is the trainer who delivers the majority of the content. But in a group discussion most of the ideas, thoughts, questions and answers are developed by the participants. The trainer acts as the facilitator and guides the discussion.

Times to use discussion are:

- At the conclusion of a training session
- After review of a case study
- After viewing a video tape
- Following a clinical demonstration
- After a role play
- Any other time when participants have prior knowledge or experience related to the topic

If participants do not have enough knowledge or experience related to the topic often there will be little interaction or discussion.

When they are familiar with the topic, discussion can arouse interest, stimulate thinking, and encourage active participation which gives the facilitator an opportunity to :

- Provide positive feedback
- Stress key points
- Create a positive learning climate

**Factors to Consider**

- Discussions among more than 15 to 20 participants may be difficult to lead

- A discussion may require more time than a lecture
- A discussion can move off target if not directed properly
- If the discussion is not controlled a few participants may dominate the discussion while others lose interest

There are three types of discussions

1. The directed or group discussion is the most common. It is directed to the session objectives. This type of discussion can focus participants' attention on the topic and help identify areas to be addressed during the training programme.
2. The second type of discussion is the general discussion. There may be times when participants' questions or an event outside of training will create a need for a discussion. If there is time and the trainer feels it will be helpful a general discussion is appropriate.
3. The third type of discussion is the panel discussion. This involves three or four presenters and a moderator. The panel members are given a topic to address and time to make comments the moderator then conducts a question-and-answer session between panel members and participants in the audience.

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THE KEY TO A SUCCESSFUL DISCUSSION  
IS  
INTERACTION

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#### Preparing for a group discussion

The first step in preparing to conduct a group discussion is to become familiar with the topic. The trainer must go over the objectives, content, and the lesson plan. If a plan is not available, the trainer must develop a plan that includes the objectives, content outline, key points, references to media, and other instructional information.

The key to a successful discussion is interaction. To facilitate this the participants must be facing each other in a circle or a U-shape.

Some techniques you can use to conduct a group discussion are:

- State the topic as part of the introduction
- Shift the conversation from the facilitator to the participants.

Examples: "Marie what do you think about....."  
"Mata what is your opinion?"

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6.6

- Act as a referee and only when necessary

Example: "Nancy and Miriam seem to have differing ideas on the subject. Lets see if we can make the point a little more clear.?"

- Summarize the key points periodically

Example: "Lets stop and see where we are so far."

- Ensure that the discussion stays on the topic

Example: "Uta can you tell us how that relates to what we are discussing?"

"Lets stop and review the purpose of our discussion."

- Use the contributions of each participant and provide positive reinforcement

Example: "That is an excellent point, Jane. Thank you for sharing that with the group."

- Keep arguments to a minimum

- Encourage all participants to get involved

Examples: "Ann, I can see that you have been thinking about what has been said. Can you give us your thoughts?"

- Ensure that no participant dominates the discussion.

Example: "John, you have been contributing a lot. Let's see if someone else would like to offer....."

- End the discussion with a summary the main ideas. The facilitator should relate the summary to the objectives presented in the introduction.

### Summary

Adult training programmes should use a variety of methods to get participants interacting and involved in the training. Through small group activities such as case studies, role plays and discussions participants can become more familiar with the course content and with other participants.

### Teaching Methods

- Lecture and discussion about various types of teaching methods

- Demonstration of each type of teaching method
- Allow participants to practice at being facilitators
- Participants plan a small group activity and demonstrate it to the group
- Participants plan and facilitate case study, role play, group discussion

### Evaluation

Trainer observes participants carry out activities during practice sessions.

Pretest and Post Test

## GUIDELINES FOR FACILITATING SMALL GROUP ACTIVITIES, DISCUSSIONS, CASE STUDIES AND ROLE PLAYS

### Facilitating Small Group Activities

1. Create small groups through assignment by the trainer
2. Create small groups by asking participants to count off
3. Ask participants to form their own groups
4. Ask participants to draw a group number or name
5. Ensure flexible room arrangement
6. Consider trainer movement around the room
7. Consider using breakout rooms
8. Provide instructions by handouts, flip charts, or oral directions
9. Ensure instructions include directions, time limits, participant roles, a situation or problem, and questions
10. Summarize the activity using reports, question responses, role plays, or group recommendations.

### Facilitating the Use of Case Studies

1. Consider the advantages and disadvantages of the case study method
2. Develop case studies using a variety of sources
3. Plan for case study reactions using problem analysis, specific questions, open-ended questions and/or recommendations.
4. Summarize the case study activity using reports, question responses, role plays, or group recommendations.

### Facilitating the Use of a Role Play

1. Consider advantages and disadvantages of the role play method
2. Use informal role play
3. Use formal role play or open-ended problem drama
4. Use clinical demonstration role plays
5. State the objective when introducing the role play
6. Involve as many participants as possible
7. Ensure observers know what to look for during the role play
8. Provide sufficient time to conduct the play
9. Conduct a discussion following the role play

### Conducting a Group Discussion

1. Prepare an lesson plan
2. Arrange the room to encourage interaction
3. State the topic as part of the introduction
4. Shift the conversation from the trainer to the participants
5. Act as a referee and intercede only when necessary
6. Summarize the main points of the discussion periodically
7. Ensure that the discussion stays on the topic
8. Use the contributions of each participant and provide positive reinforcement
9. Minimize arguments among participants
10. Encourage all participants to get involved
11. Do not allow one participant to dominate the discussion
12. End the discussion with a summary of the main ideas

UNIT 7 COACHING TECHNICAL SKILLS TRAINING

Besides providing participants with knowledge about the training subject, VBA trainers will also be required to provide practical training in techniques which will be part the VBA's work when they complete training. In skills training, techniques are demonstrated by the trainer, then the trainer watches while the participant carries out the technique. The trainer has now taken on the role of coach. Coaching requires more than just having the technical skills to perform a procedure. In this unit we will look at what is involved in coaching technical skills training.

Purpose:

To prepare participants to provide technical skills training

Action

Identify characteristics of a good trainer/coach  
Interpret the COACH model  
Provide a good performance model  
Create a positive learning climate while coaching  
Assess learning during coaching  
Communicate during coaching

Information needed or successful action:

Practical skills training places the participant in a real or simulated setting with an experienced trainer to observe and practice the skills required to reach an agreed-upon standard of competency. It usually requires intensive, on-on-one interaction between the trainer and the participant to develop the necessary skills.

In training practical skills we will refer to the trainer as a coach and the technique used as coaching.

Characteristics of an Effective Trainer/Coach

People conducting training programs are constantly changing roles. They are trainers or instructors when presenting illustrated lectures and demonstrating technical skills. They are facilitators when conducting small-group discussions and when using role plays and case studies. Once they have demonstrated a clinical procedure they shift to the role of the coach as the participants practice. To review, here are the characteristics of an effective trainer:

- Is proficient in the skills to be taught
- Encourages



- Promotes two-way (open) communication.
- Provides immediate feedback
  - > Lets participants know whether they are meeting the lesson objectives
  - > Does not allow a task or clinical skill to be performed incorrectly
  - > Gives positive feedback as often as possible
  - > Keeps negative feedback to a minimum instead offers specific suggestions or improvements
- Recognizes that training can be stressful and knows how to regulate participant as well as trainer stress:
  - > Uses humor
  - > Observes participants and watches for signs of stress
  - > Provides for regular breaks
  - > Provides for changes in the training routine
  - > Focuses on participant success as opposed to failure
  - > Does not threaten failure of the training programme
- Uses a variety of instructional methods and media:
  - > Illustrated lecture
  - > Demonstration/coaching
  - > Discussion
  - > Individual or small group problem solving using case studies
- Involves the participants as much as possible
- Plans all training sessions in advance

Many of the characteristics of an effective coach are the same as those of the effective trainer. Additional characteristics especially important for the coach include:

- Is patient and supportive
- Provides praise and positive reinforcement
- Corrects participant errors while maintaining participants self-esteem
- Listens and observes

The effective coach involves all participants and provides them with positive feedback. The ineffective coach is controlling, avoids involving the participants, and fails to provide positive feedback. Here is a comparison of the effective and the ineffective coach:

The Effective Coach	The Ineffective Coach
Focuses on the practical	Focuses on theory
Encourages working together	Puts self above participants
Works to reduce stress	Often creates stress
Encourages two-way communication	Uses one-way communication
Sees him/herself as a facilitator of learning	Sees him/herself as the authority or the only source of knowledge

**The Coach Model**

Any practical skills training program should include these elements:

- C **Clear Performance Model** -- Participants should be shown the skills they are expected to learn in a clear and effective manner.
- O **Openness to Learning** -- The practical skills coach should include activities designed to create readiness to learn and use new skills.
- A **Assess Performance** -- Practical skills training program should provide continuous measures of competence in the skills being taught and feedback on progress toward an acceptable standard of performance.
- C **Communication** -- Effective two-way communication between the coach and participant is essential to mastering skills
- H **Help and Follow-up** -- Practical skills training should include planning for back-home application of the skills and help in overcoming obstacles to using the skills

**COACH Skills Inventory**  
Gary Bergthold, Ed.D

To what degree are the following statements true of your actions or behavior when teaching or coaching new skills to participants? Circle the number that applies to each statement. The higher your score the better your coaching skills. A low score means you have to work toward improving your coaching skills.

5	4	3	2	1
Always	Often	Sometimes	Occasionally	Never

**A. Clear Performance Model**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I demonstrate the new skill myself before asking participants to do it                       | 5 | 4 | 3 | 2 | 1 |
| 2. I am careful that my demonstration is performed according to approved standards              | 5 | 4 | 3 | 2 | 1 |
| 3. I verbally explain each step in the process while I demonstrate it.                          | 5 | 4 | 3 | 2 | 1 |
| 4. I demonstrate the skill in a role play or by using models before demonstrating with clients. | 5 | 4 | 3 | 2 | 1 |

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5. I make sure that all participants are in a position to see the demonstration clearly.	5	4	3	2	1
6. In my demonstration I use materials, equipment and a setting similar to what is available to my participants	5	4	3	2	1
7. During my demonstration I encourage participants to ask questions.	5	4	3	2	1
8. I ask questions of participants such as "What should I do next?" or "What would happen if...?", to keep their interest and test their understanding.	5	4	3	2	1
Clear Performance Model - Total Score =	<hr/>				

B. Openness to Learning

1. I help participants relax by getting to know them informally before introducing new skills.	5	4	3	2	1
2. I make it easy for participants to acknowledge that they lack knowledge or skill.	5	4	3	2	1
3. I encourage participants to be helpful and supportive of each other.	5	4	3	2	1
4. Before asking participants to practice a new skill, I familiarize them to the staff and setting where they are to practice	5	4	3	2	1
5. I show sensitivity to participants' natural feelings of fear and anxiety when learning new skills.	5	4	3	2	1
6. Before each participant practice session I meet with him/her to answer questions, and set expectations and learning objectives.	5	4	3	2	1
7. I do not belittle or ridicule participants when they make a mistake.	5	4	3	2	1
8. I acknowledge that I am still learning and trying to improve my skills.	5	4	3	2	1
Openness to Learning - Total Score =	<hr/>				

C. Assessing Performance

- |   |       |   |   |   |   |
|---|-------|---|---|---|---|
| 1. I ask participants to assess their own strengths and identify areas for improvement in performing the skill.   | 5     | 4 | 3 | 2 | 1 |
| 2. I use a checklist or observation guide to give written feedback on participant performance.  | 5     | 4 | 3 | 2 | 1 |
| 3. I clearly state what I expect of participants before they practice a new skill.  | 5     | 4 | 3 | 2 | 1 |
| 4. When giving feedback I point out things participants are doing well and offer suggestions for improvement  | 5     | 4 | 3 | 2 | 1 |
| 5. My feedback to participants is very specific and is given as soon as possible after I have observed them.  | 5     | 4 | 3 | 2 | 1 |
| 6. Following each participant practice session I meet with the participant to discuss his/her strengths first and then areas where improvement could be made. | 5     | 4 | 3 | 2 | 1 |
| 7. I make sure that participants do not practice incorrect procedures.  | 5     | 4 | 3 | 2 | 1 |
| 8. I encourage participants to take personal responsibility for problems - never blame the client or others.  | 5     | 4 | 3 | 2 | 1 |
| Assessing Performance - Total Score =   | <hr/> |   |   |   |   |

D. Communication with Participants

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I encourage mutual, two-way communication with participants.                            | 5 | 4 | 3 | 2 | 1 |
| 2. I initiate conversations and ask questions to help participants resolve their concerns. | 5 | 4 | 3 | 2 | 1 |
| 3. I develop a full understanding of the problems before helping to solve them.            | 5 | 4 | 3 | 2 | 1 |
| 4. I request participant opinions before expressing mine.                                  | 5 | 4 | 3 | 2 | 1 |

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- |    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 5. | I emphasize solving problems rather than blaming people   | 5 | 4 | 3 | 2 | 1 |
| 6. | I help participants find their own solutions to problems.   | 5 | 4 | 3 | 2 | 1 |
| 7. | I encourage participants to suggest better ways of doing things                                       | 5 | 4 | 3 | 2 | 1 |
| 8. | At least once each training day I ask participants to evaluate the training and suggest improvements. | 5 | 4 | 3 | 2 | 1 |

Communication with Participants - Total Score \_\_\_\_\_

E. Help and Follow-up

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1. | At the end of training I ask each participant to identify the skills he/she needs to practice further.                                 | 5 | 4 | 3 | 2 | 1 |
| 2. | I make sure each participant has a plan for continuing to practice and apply the skills after training                                 | 5 | 4 | 3 | 2 | 1 |
| 3. | I arrange for each participant to be visited at his/her work site soon after training to see that skills are being practiced properly. | 5 | 4 | 3 | 2 | 1 |
| 4. | I get feedback from participants or their supervisors about how well they are performing the skill                                     | 5 | 4 | 3 | 2 | 1 |
| 5. | I take steps to insure that participants have the necessary equipment and supplies to apply the skills they were taught.               | 5 | 4 | 3 | 2 | 1 |
| 6. | I set up ways for participants to contact me or other skilled persons to get help if they need it.                                     | 5 | 4 | 3 | 2 | 1 |
| 7. | I make sure the participants' supervisors understand and support the procedures participants were taught.                              | 5 | 4 | 3 | 2 | 1 |
| 8. | I assist the participant in obtaining handouts, books, and supplies needed to support the skills and procedures I teach.               | 5 | 4 | 3 | 2 | 1 |

Help and Follow-up - Total Score = \_\_\_\_\_

Total C.O.A.C.H. Score = \_\_\_\_\_

**Clear Performance Model**

Observing a demonstration is carried out by observing the modeling of a procedure by a competent practitioner. In this section we look at the ingredients needed for effective modeling.

- Establish standards of performance
- Conduct an effective demonstration
- Use slides, films and videos in coaching
- Use anatomical models in coaching and for training
- Practice procedures on actual clients

Approved agreed-upon standards of performance are essential. The trainer must accurately demonstrate the approved approach or technique for carrying out the procedure so that the participant knows exactly how it is to be done.

If there will be more than one trainer all trainers must agree on how a technique will be carried out so the participant will not be confused. The technique must be practical for local conditions and it should be relatively easy to learn. Participants after learning and practicing the standard approach will naturally develop some individual differences in technique.

**Conducting an Effective Demonstration**

Modeling takes place in three steps:

1. **Acquiring the skill**  
We see others perform the procedure and we form a picture in our mind of the steps and skills, then we try to perform the procedure ourselves under supervision.
2. **Skill Competency**  
If we find we can perform the skill as it was demonstrated we feel competent to carry it out safely with some supervision
3. **Skill Proficiency**  
If we continue performing the skill we are likely to become efficient and confident enough to perform without supervision

**Methods of Introducing a New Skill**

- Slides, film or video
- Anatomical models
- Role Plays
- Demonstration on actual clients

Demonstrating a new skill should use as many of the above ways as possible. Repeated and varied demonstrations will help participants become familiar with the steps and skills involved in the procedure. Starting with demonstrations that do not involve actual clients enables the trainer to take plenty of

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time, stop and discuss key points, and repeat difficult steps without endangering the health or comfort of a client.

Practice on actual clients should be provided whenever possible after proficiency is demonstrated on an anatomical model. In VBA training it is often difficult to have available enough deliveries for each VBA to practice. If a health center has a busy obstetric section VBAs should practice on actual clients.

Whatever methods are used to demonstrate a procedure the trainer should use the whole-part-whole approach:

- Demonstrate the whole procedure from beginning to end to give the participant a picture of the entire activity
- Isolate or break down the activity into parts (e.g. preparation of birthing site, preparation of mother, handwashing technique, communicating with the mother, managing the delivery) and allow practice of the parts of the procedure.
- Demonstrate the whole procedure again and have participants practice the whole procedure.

When planning and giving a demonstration, either live or a simulation the trainer should use the following guidelines:

- Before beginning the demonstration state the purpose of the demonstration and point out what the participant should do (e.g. interrupt with questions, observe carefully etc.)
- Make sure that everyone can see the steps involved
- Never demonstrate or allow participants to practice a skill incorrectly

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THE PRACTICAL SKILLS COACH IS THE  
REAL ROLE MODEL THE PARTICIPANTS  
WILL FOLLOW

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- Demonstrate the procedure in as realistic a manner as possible using equipment and materials that the participant will be using
- Show all steps for the procedure in the proper order according to approved standards. Include all steps such as hand-washing, verbal coaching etc.
- Explain what you are doing during each step of the demonstration
- Ask questions of the participants. "What should I do next?" "What would happen if...."
- Encourage questions and suggestions
- Take enough time so that each step can be observed and understood. Remember the objective is learning skills not

- showing off the abilities of the trainer.
- Use equipment properly and make sure participants see clearly how the equipment is handled.
- Pay special attention to infection prevention practices

The practical skills coach is the real role model the participants will follow. If the trainer violates the approved standards in his/her own demonstration, it is the trainer's model, not the standards that will be followed. It is essential that the coach be without fault in demonstrating techniques and all supportive behavior.

#### Advantages of Using Anatomical Models in Coaching

- Clients are not harmed or inconvenienced
- Practice can be repeated at any time and as often as needed
- The demonstration or practice can be stopped at any time for further explanation or correction by the trainer
- Several participants can practice simultaneously, reducing training time
- Difficult skills can be practiced repeatedly without actually involving a client
- Acquiring the skill and competency are facilitated
- Practice need not be limited to availability of clients.
- Clinical skill training is permitted where caseload is low

Any simulation is only an approximation of the real situation. It is important that the models be as close to the real experience as possible. Where significant differences exist between working on a model and a real client, these differences should be pointed out to the participants.

Trainers must be as proficient in performing the skill on the model as they are in performing the procedure on real clients. This requires considerable practice by the trainers.

Participants should continue practicing on a model until skill competency and some degree of skill proficiency have been demonstrated. Then and only then should he/she be permitted to practice the procedure on a client.

When using the model in technical skills training it is important that:

- The model is placed in a position that places the participant at the same angle as he/she will experience with clients.
- Conditions, such as instruments used with the models, should duplicate the real situation as much as possible.
- The model is treated gently and with the same respect given an actual client.

#### Practicing Technical Skills on Actual Clients

Anatomical models, no matter how realistic, cannot substitute entirely for the reality of performing the procedure on a living, breathing, feeling and reacting human being.

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The disadvantage of using real clients during clinical skills practice is obvious. Clients may be at risk of increased discomfort or even complications when procedures are performed by unskilled participants. To minimize these risks it is recommended that the following be observed:

- When possible and appropriate, participants should be allowed to practice on actual clients only after they have demonstrated skill competency and some degree of skill proficiency on the anatomical model.
- Clients should be informed if procedures are being performed by trainees under supervision and should be asked for their consent first.

#### Openness to Learning

New skills are learned best when the participant is highly motivated to learn and is not feeling fearful and anxious. Adults often feel anxious when learning new skills especially if they feel their self-esteem or image with their peers will be damaged or if previous learning experiences have been demeaning or threatening.

Participants associate the skills they learn with the context of the training. If the training is pleasant, supportive and increases self-esteem the participant is more likely to learn and use the skills. If the behavior of the trainer or the environment of the training causes uncomfortable feelings the participant will try to relieve the discomfort by putting down the quality of the training and the value of learning the skill. They may also become defensive and closed off from further learning. A positive learning climate is essential to knowledge training as well as skills training.

When learning new skills there are four stages of competence:

1. Unconscious Incompetence--unaware that skills or knowledge are lacking
2. Conscious Incompetence-- aware of skill weakness but has not learned new skills
3. Conscious Competence-- learning the new skill but must concentrate in order to perform the skill correctly
4. Unconscious Competence-- after much practice the participant becomes comfortable in performing the skill

To help move the participant from one stage of competence to another the trainer must find ways that maintain the participants self-esteem. Motivation to learn can be increased by creating a learning environment that boosts each participants' confidence in his/her own ability to learn.

Competency-based or performance checklists should be used to help participants know how they are progressing. Literate adults can assess themselves but illiterate adults can be monitored by the trainer using a checklist as they perform assigned tasks. (A sample checklist can be found at the end of this unit.)

In addition to the performance checklist more detailed and specific oral feedback about his/her performance should be provided during practice.

#### How to Give Feedback

- Be timely: Give feedback soon after the event
- Be specific: Describe specific behaviors and reactions particularly choose those the participants should keep and those he/she should change
- Be descriptive not judgmental: Describe the consequences of the behavior--do not judge the person
- Own your own feedback: speak for yourself, not for others

Good Example: Descriptive(non-judgmental) speaking for yourself:

"When you gave the injection you did not tell the client what to expect. I saw the client wince and tense up, making it difficult for you to gain her cooperation later in the procedure."

Bad Example: Judgmental, non-specific feedback:

"You seem to always be in such a hurry that you completely ignore the client's needs."

#### Guidelines for receiving constructive feedback:

- Ask for it: find people who will be direct with you and ask them to be specific and descriptive
- Direct it: If you need information to answer a question or to pursue a learning goal, ask for it.
- Accept it: Do not defend or justify your behavior. Simply listen to what people have to say, and then thank them. Use what is helpful; quietly discard the rest.

#### COMMUNICATION DURING COACHING

The art of listening and questioning.

Active listening is a communication technique that allows trainers to establish trust and rapport with participants and encourages open and frank exploration of ideas and feelings.

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IN ACTIVE LISTENING THE TRAINER MUST

STOP TALKING!  
LISTEN TO THE SPEAKER!

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In active listening the trainer accepts what is being said without making any value judgments. He/she helps to make clear the ideas or feelings being expressed and reflects this back to the participants.

Listening techniques that trainers should learn to use:

- Stop talking, listen to speaker
- Restate the speaker's exact words (parrot)
- Paraphrase the speaker in your own words
- Identify the underlying feelings
- Be empathetic ("If I were in that situation, I would feel upset.")

When actively listening you may ask non-leading questions such as, "Can you tell me more about that?" or, "Help me understand what you said." You can ask for help for example: "I'm not sure I understand what you are saying," or "I'm confused as to whether you mean x of y. Can you explain more?"

Active listening does not include probing questions of a cross-examination type such as, "Why did you do that?" or "What are you going to do about that?" Active listeners do not accuse or ask questions that lead to only one answer. They try to draw out the speaker to expand on their meaning or feelings. Active listening can be used to reinforce effective behavior. Everyone likes to be heard and appreciated, and supportive comments from the trainer strengthen and reinforce the correct behavior.

#### Questioning

Questioning is used in practical skills training to assess the participants knowledge and to teach problem solving. There are two types of questions: closed questions that have a small range of answers (often yes or no); and open questions that allow a wide range of responses.

When using questioning to assess a participant's knowledge, the trainer should consider using different levels of questions:

- Factual questions can be used to get information and begin discussion. These are the "W" questions what, where, and when.
- Broadening questions can be used to assess additional knowledge. For example you might ask: "If you do not see the three signs that show that the placenta is released, what will you do?"
- Justifying questions can be used to challenge ideas and to assess depth of knowledge and understanding. For example: "If you see that there is excessive blood loss, what will you do and why?"
- Hypothetical questions can be used to explore new situations. "What if a mother with 5 children asked you to help her deliver in the village?"
- Alternative questions can be used to assess decision-making skills. "What are the possible actions you should take if a pregnant woman's relative came to you and said the pregnant

woman had vaginal bleeding?"

Questioning does not mean interrogating. Let participants know that the purpose of questioning is to help you target instruction, not to berate and belittle them. Asking them what they know and what they want to learn will help you assess their needs and focus your teaching more precisely.

### Summary

Because the work of the VBA requires her to be proficient in certain technical skills the trainers of VBAs must know how to train VBA trainees in these technical skills. This is best done through demonstration and coaching. The VBA trainer must themselves be proficient at demonstrating the skill of delivering a baby on an anatomical model so they can accurately portray the procedure to the acceptable standard.

### Teaching Methods

Lecture/Discussion  
Video tape,  
Demonstration,  
Practice on Anatomical Models  
Practice on Each Other

### Evaluation

Performance checklist  
Observation during practice

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## GUIDELINES FOR DEVELOPING PRACTICAL SKILLS

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### Coaching Practical Skills

1. Define practical skills training
2. Compare the lecture and coach methods
3. Select a variety of teaching techniques to use with coaching

### Interpreting the COACH Model

1. Identify the characteristics of an effective trainer
2. Identify characteristics of an effective coach.
3. Compare the effective and the ineffective coach
4. Complete and score the C.O.A.C.H. Skills Inventory

### Clear Performance Model

1. Establish standards of effective performance
2. Conduct an effective demonstration
3. Use anatomical models in coaching and for clinical training
4. Use slides, films and videos in coaching
5. Practice procedures on actual clients

### Openness to Learning

1. Create openness through motivation of participants
2. Ensure learning is relevant
3. Involve participants
4. Provide for variety during training
5. Provide positive feedback
6. Recognize participant concerns
7. Recognize that participants have unique and personal differences
8. Provide a task-oriented training environment

### Assessing Learning During the Coaching Process

1. Use a competency-based or performance checklist
2. Provide performance feedback
3. Provide timely feedback
4. Provide specific feedback
5. Provide descriptive feedback
6. Receive constructive feedback

### Communicating During Coaching

1. Listen actively
2. Ask closed questions
3. Ask open questions

VILLAGE BIRTH ATTENDANT TRAINING

PERFORMANCE CHECKLIST- Village Delivery

(This form is to be completed by the person supervising the session)

Instructions

1. Put a tick in the box if the task is performed satisfactorily
2. Put an x in the box if the task is not performed satisfactorily
3. Put N/O in the box if you did not observe any task.

Name of Participant \_\_\_\_\_ Course \_\_\_\_\_

Date \_\_\_\_\_

Task Performed number of performance

	1	2	3	4	5	6
1. Preparations before delivery						
a. makes sure environment is clean						
b. clean plastic/leaves made available						
c. razor and rope for cord boiled						
d. soap and water available						
e. hands washed well with soap and water						
f. mother advised to wash herself or VBA washes down mother's perineum with soap and water						
2. During Delivery						
a. advises mother to take deep breath and push during contractions when head on view						
b. left hand controls perineum, right hand controls head of baby						
c. continues to advise mother to take deep breaths and push during contractions						
d. when the head comes out -supports head with 2 hands -lets head rotate -pushes head down a bit to let anterior shoulder show -lifts the head upward to let posterior shoulder out -puts hands under the arms and delivers the baby						
e. clears the babies airway						
f. lies the baby on clean laplap or leaves						
g. ties the baby's cord in 2 places 5-6 cm. from umbilicus						

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Task Performed

number of performance

	1	2	3	4	5	6
h. cuts the umbilical cord						
i. wraps baby in a clean cloth						
j. gives baby to mother to put on the breast						
k. explains why baby is to be breastfed immediately						
3. Delivery of the placenta						
a. waits for the 3 signs indicating placenta separation						
b. delivers placenta by controlled cord traction						
c. checks placenta for missing parts						
d. puts placenta in container						
e. puts container under perineum						
f. rubs up the fundus to express any blood clots						
g. makes sure fundus remains firm						
h. measures how much blood lost						
i. cleans mother, makes comfortable						
j. advises mother's family to prepare hot tea and food for her						
k. dispose of rubbish properly						

UNIT # 8 PREPARING AND USING TEACHING AIDES

Purpose

To familiarize participants with the use of teaching aides.

To teach participants how to make teaching aides from available materials

Action

Prepare appropriate teaching aides

Use appropriate teaching aides

Make teaching aides from locally available materials

Information needed for Successful Action

Traditional Teaching Aides

Slide Projector

Slide projectors are good for use in remote areas because they are light weight and can be battery operated.

Slides are good for showing anatomy and the steps in a delivery because they can be stopped for as long as necessary to make certain points.

Tips for using slide projectors

- The room needs to be quite dark for a battery-operated projector. Blankets or room-darkening curtains may need to be used.  
Set up and test equipment before participants arrive
- Have extra bulbs and batteries available
- A portable screen will be needed (white plastic sheeting can be used or white bed-sheet)
- Be sure to check the focus and image position on the screen
- Make sure slides are in the right order
- Don't rush through the slides take plenty of time to discuss and answer questions

Video

Video equipment is more difficult to carry out to remote areas. A generator or inverter is necessary for power. All of the equipment is heavy.

Video is very real to life. It can provide close-ups better than the human eye so details can be seen clearly. It can be slowed or stopped if necessary.

Video tapes often are less expensive to produce than slides but

the video equipment itself is very costly.

Videos available through the health office or library are often out-of-date or inappropriate for rural audiences. Often the language is not understandable to rural people. Cultural differences distract from the content.

#### Tips on using Videos

- Always preview the tape to make sure it is appropriate
- Test before session to make sure everything is working
- Be sure everyone can see
- Prepare participants for the viewing
  1. State the purpose of the video
  2. Provide an overview
  3. Ask questions or tell them to look for specific points

#### Posters, Picture Cards, Illustrated Flip-Charts

Very appropriate and easy to transport  
Good to give as handouts as reference for illiterate adults  
Can be made easily with inexpensive materials  
Many are available through the Department of Health

#### Writing Boards

Useful if trainer or assistant is a fairly good artist. Pictures must be true-to-life to be recognized. Writing on the board may leave illiterates feeling left out.

#### Anatomical Models

Anatomical models such as a pelvic model used for VBA training is a very useful teaching aide. Where there is limited opportunities to practice on real life clients an anatomical model is an essential piece of training equipment.

The model should be as life-like as possible. It should be robust to withstand hard use and should be easily cleaned with soap and water. It should come with a good strong carrying case so it can be transported safely to remote areas.

An anatomical model is an excellent means of providing repeated practice for course participants. The participants can practice on the model safely as they work toward becoming competent.

A trainer can observe more easily where a participant needs more practice and can stop the procedure anywhere to make a correction or to emphasize a point.

Anatomical models are expensive to obtain.

Trainers need to be competent in demonstrating procedures on an

anatomical model before demonstrating and coaching course participants.

### TEACHING AIDES MADE FROM LOCALLY AVAILABLE MATERIALS

Teaching aides need not be expensive and hi-tech. Often the most appropriate teaching aides are those that use materials that people are familiar with in their everyday life. Using a little imagination when thinking about making teaching aides can have surprisingly good results.

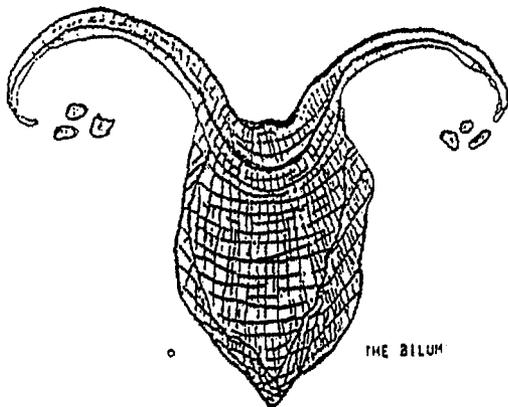
Education in the village should build on local beliefs and customs and should use techniques which are culturally appropriate and relevant. Spending time with people and learning about local culture can provide information and stories which could be use in health education. Be imaginative.

Allowing local people to be involved in making teaching aides is a good way to ensure that the teaching aides will be appropriate. Images or activities that are not culturally acceptable may do more harm than good. Teaching aides should be tested carefully to make sure they convey the message intended.

Below are listed some examples of home-made teaching aides and how to make them and use them .

#### The Bilum Womb

The idea for the "bilum womb" originally came from the Southern Highlands. Below is a section of a training session from a VBA course in the Milne Bay Province which uses the "bilum womb". A highlands bilum with open handles must be used.



The trainer places the bilum on the floor and arranges it so that the arms of the bilum represent the fallopian tubes and shapes the lower part of the bilum to make it represent the womb or uterus. She then places about three pebbles at each end of the outstretched arms of the bilum to represent the immature eggs produced by the ovaries. She then explains:

"One egg from either of the two egg-producing arms matures at a time. This takes place every 14 days after a woman had lost her monthly blood."

"If we represent the reproductive organ of the woman with

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this bilum and the eggs produced with these pebbles, we can see that after an egg has matured it travels slowly through the outstretched arm of the reproductive organ into the sack or womb. At the time when the egg is on its way, the woman's vagina produces a special white slimy liquid which most women can see when they wipe themselves after urinating in the morning. The sack or womb also gets ready to receive the egg by preparing a special soft layer on its surface for the egg. In order for the egg to be able to fix itself firmly to the side of the womb it has to combine first with a sperm from the male organ. Thus if the woman makes sex with her husband at the time when the egg is on its way to the womb and vagina starts to produce the white slimy liquid then a sperm from the man can join with the egg. After joining together, the egg and sperm union then come to rest at the special place prepared for them in the sack or womb."

"If on the other hand the woman did not have sex with her husband at the time when the egg is mature, then no sperm from the man will be able to join with the egg. The egg becomes useless after 2 - 3 days. The white slimy liquid stops too and after one week or so, the soft lining of the womb which should have been the spot where the egg and sperm union will lie, peels off and comes out through the vagina together with the useless egg and some blood. This is what happens when a woman is having her menstruation. It is because the egg which was produced could not join with the male sperm and therefore had to leave the womb together with some blood. Girls start menstruation at the age of 13 - 15 years and menstruation stops altogether in women between 40-50 years."

The trainer demonstrates this by moving a piece of cotton wool soaked in red ink (signifies the lining of uterus) together with a pebble slowly through the sack and to the base of the bilum. The trainer then squeezes the cotton wool to let out drips of red ink. A white paper placed at the base of the bilum will illustrate the whole process of menstruation better.

The trainer can demonstrate conception using a piece of chewing gum (sperm) which is moved gradually from the base of the bilum to meet a pebble (egg) moving gradually from one of the outstretched arms of the bilum. After attaching the gum to the pebble, trainer moves them to the side of the bilum where dry cotton wool painted red has been placed. The pebble-gum union then come to rest on the cotton wool to signify conception. Trainer then goes on to explain:

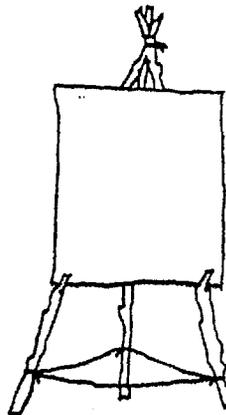
"An egg which has been joined firmly to a sperm moves and rests on the special place in the womb. This is the beginning of conception. The egg-sperm union then enlarges and grows into a baby."

## Making an Easel

You will need: -Three, long, relatively straight tree branches with twigs still attached

-String or bush rope

Tie the branches together at the top, and allow them to splay outward. Boards may be rested on protruding twigs. Cut off the rest of the twigs you don't need.



## Making a Flannel Board

The flannel board consists of a rough-surfaced material attached to a board that can serve as a background for drawings, pictures, symbols, and captions. The materials to be displayed are backed with another rough surfaced material so that it will stick to the background board with slight pressure and can easily be removed or rearranged on the flannel board. Flannel boards are easy to transport and store.

### How to Make a Flannel Board

#### Materials:

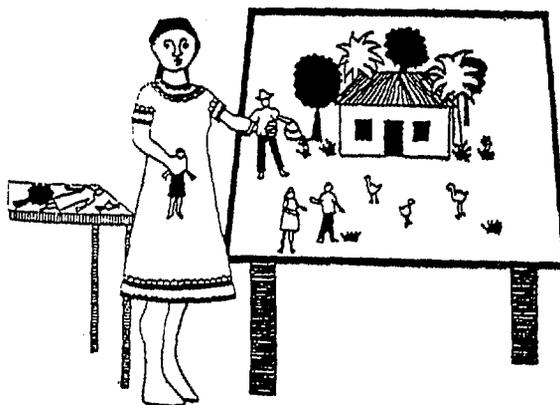
- a large sheet of plywood, fiberboard or heavy cardboard
- a larger piece of flannel, blanket or rough cloth
- cut-out pictures

#### Procedure:

1. Take a large piece of wood, fiberboard or heavy cardboard (it must be large so it can be seen from a distance) and cover the entire board with flannel, blanket or rough cloth (note: the rougher the cloth the better the board will work).
2. Fasten the cloth to the board using tape, staples, tacks, nails or blue while running your hand across the cloth to create a smooth taut surface.

Suggestions: Black, green, or grey color cloth are the most appropriate background colors and will offer a good contrast. If a board is not available, the cloth may be draped over a portable chalkboard.

#### Alternative constructions



Nutrition Education Series, Issue 10, UNESCO

Elastic-backed cloth: fasten elastic strips to the cloth so that it fits tightly around the board. This allows the cloth to be easily removed for storage.

Cloth bag flannel board: A two-sided cloth board can be made by sewing two pieces of cloth together in the form of a bag. You can use two different colors for a choice of background. To use insert plywood, chalkboard or heavy cardboard into the bag and pin the open end in place. Store display materials in the bag between uses.

### Display Materials

Choose and cut out whatever materials you want to display: pictures, graphs, charts, etc. Cut-outs should be large so that they can be seen clearly. Simple, brightly colored displays are more effective than complicated detailed pictures. Lettering should be bold. Figures in a story, for example, should be in proportion to each other, larger in the front and smaller in the background. Cut-outs and displays must be flat and rigid. Glue thin pictures or drawings onto cardboard and apply the backing material directly to the cardboard. Use sand paper in narrow strips or rough cloth over the entire area as backing materials. The display materials should stick easily to the flannel board when they are pressed firmly against it. Materials will stay in place better if the board is tipped slightly backward against a wall, chalkboard or easel.

### Making Sandpaper

If sandpaper is not available, homemade sandpaper can be easily produced. Spread a thin layer of glue on cardboard, then sprinkle on a light covering of sand. Allow to dry and shake off excess sand.

### Hints on Presentation Using a Flannel Board

Plan your presentation

Rehearse and pre-test the presentation

Do not crowd the board with too many pictures

Remember to stand at the side of the board not in front of it

### How to Make a Chalkboard

You will need: A sheet of plywood or fiberboard (about 55 x 57 cm)  
Blackboard paint or matte black paint

If possible roughen the surface of the board with sandpaper before painting the first coat. Allow to dry, roughen the surface again with sandpaper and apply a second coat of paint. When the paint is dry, rub the board with a cloth covered in chalk dust. This will make it easier to erase chalk marks later.

## How to Make Posters

A good poster should catch and hold an persons attention long enough to communicate a brief message. To be effective, posters must be colorful and dynamic. If your message is clear and catchy, a poster can be an inexpensive and easily produced method of communication.

Understanding how to use colors in posters is extremely important,. Purple is the least visible color(by itself) while yellow has twelve times the visibility of purple. Orange, green, red, and blue are all roughly three times more visible than purple. Complimentary colors and contrasting shades create contrast and provide the most striking results. If you want to create a poster to be seen from a great distance, then you would use dark blue or dark purple on a white background since this would result in the most visible lettering. Black on yellow, green on white, blue on white, green or red on yellow and red on white are also appropriate color combinations for distance viewing.

Points to keep in mind when designing a poster are:

- choose large ,clear images
- avoid too much unnecessary detail or background
- include only the relevent details which are essential to the message
- keep messages simple
- select colors with care so that they fit in with the message, make people want to look at the poster and are culturally acceptable

Different cultural groups will respond to different types of pictures. Use color carefully. It can help make a poster more attractive and effective, but certain colours may have a significance in themselves which may distract from the message of the poster.

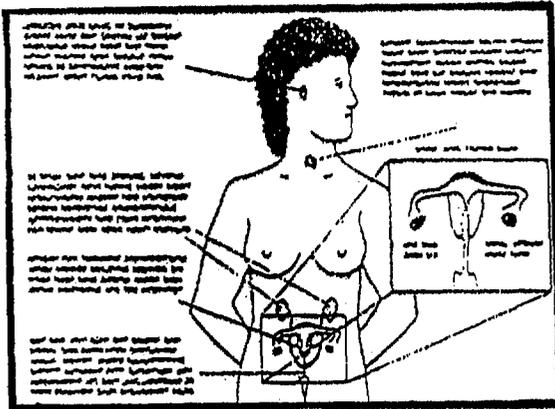


When using visual aides such as posters or picture cards to illustrate a point in a presentation or to publicize a message, there 6 basic visual design principles which you should keep in mind. Below are 14 questions you should ask yourself as you prepare visual aides. Adapted from INTRAH.

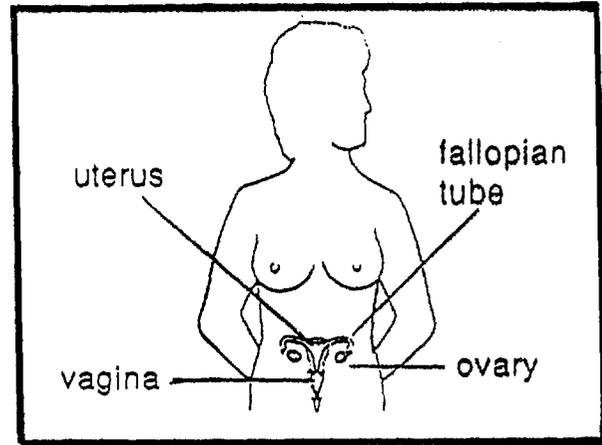
1. The words and pictures in the visual should be easy to see
  - a. are the words large enough to be read?
  - b. are the pictures large enough to be recognized?
  - c. are the words and pictures bold enough to be seen?
  
2. The words and pictures in the visual should be easy to understand.
  - a. are familiar works or pictures used?
  - b. are all figures or objects in the same scale?
  - c. are full figures shown, rather than parts of figures?
  
3. Information in the visual should be presented clearly and simply.
  - a. is the visual clear of unnecessary details
  - b. is there only one main idea for each visual?
  
4. The visual should be well-organized
  - a. is there a margin around the outside?
  - b. is there good use of available space?
  - c. is it clear which words and pictures go together?
  
5. The viewer's attention should be directed to the important information in the visual.
  - a. is the center of attention clear?
  - b. is color or some other visual technique used to help guide the viewer's attention?
  
6. The visual should attract the attention of the people for whom it is intended.
  - a. are the objects and figures in the visual appropriate to the culture of the people for whom it is intended?

Examples are shown on the following pages

1. The words and pictures in the visual should be easy to see
  - c. are the words and pictures bold enough to be seen?



NO. The words are too small to be easily read and the picture is too detailed. The overall effect is crowded.



YES. The words are large enough to be easily read and the picture is simple and not crowded.

2. The words and pictures in the visual should be easy to understand

- a. are familiar words or pictures used?



NO. This cartoon style drawing of a family is unfamiliar to many people.

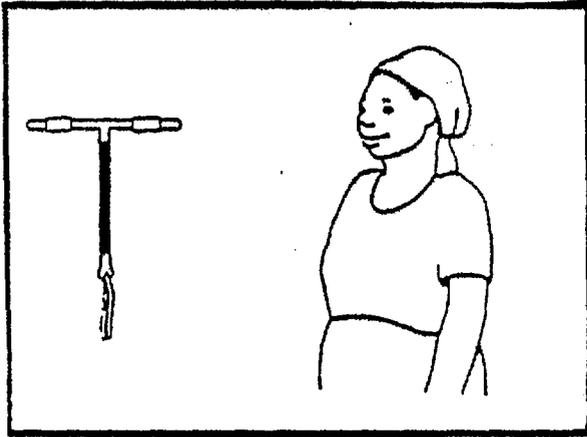


YES. This realistic drawing of a mother and child is more familiar to most people.

67

2. The words and pictures in the visual should be easy to understand

b . are all figures or objects in the same scale?



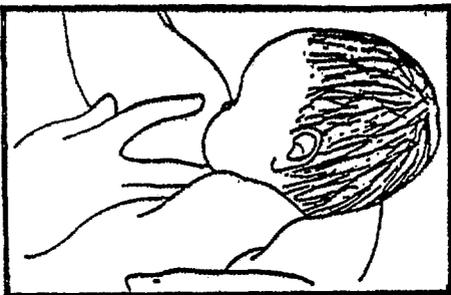
NO. The IUD and women are drawn using two different scales and could create a misunderstanding.



YES. The women is holding an IUD. The IUD and women are drawn in the same scale

2 The words and pictures in the visual should be easy to understand

c. are full figures shown, rather than parts of figures?



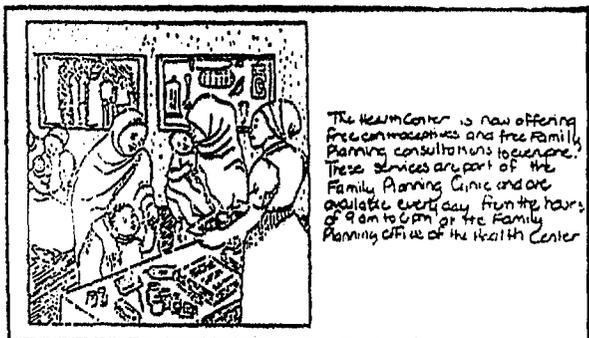
NO. It is not easy to recognize that this is a breastfeeding mother and baby.



YES. It is easy to recognize that this is a breastfeeding mother and baby.

3. Information in the visual should be presented clearly and simply

a. is the visual clear or unnecessary details?



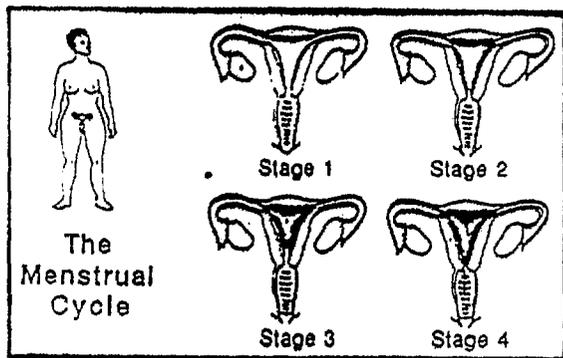
NO. The background is crowded and unnecessary words are used



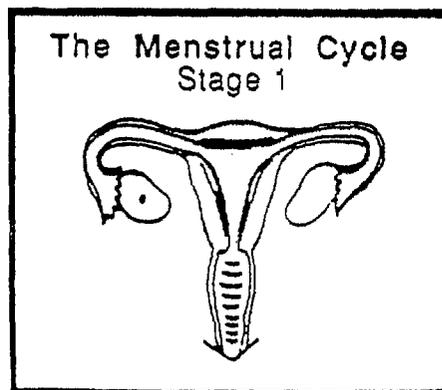
YES. The background is not crowded and only the necessary words are used

3. Information in the visual should be presented clearly and simply

b. is there only one main idea for each visual?



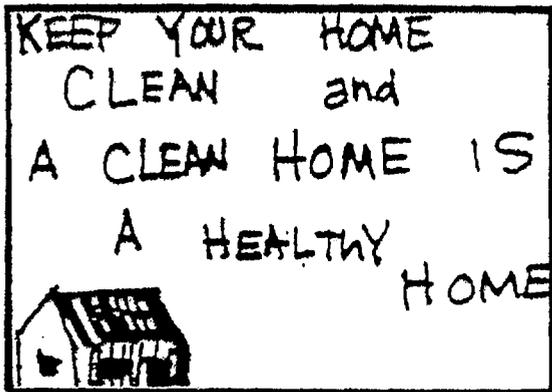
NO. This visual shows too many stages of the menstrual cycle.



YES. This visual shows only one stage of the menstrual cycle.

4. The visual should be well-organized

a. is there a margin around the outside?



NO. There is no margin. The result is that the message is scattered over the page and the focus is not clear.



YES. The margin helps define and focus the area and the message.

4. The visual should be well-organized

b. is there good use of available space?



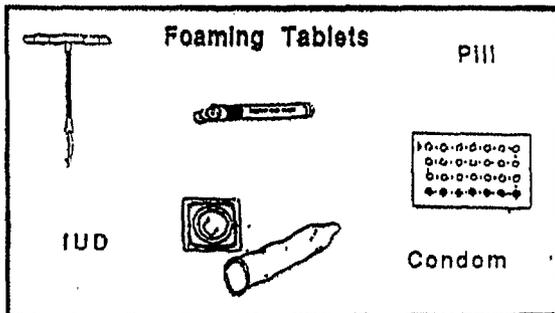
NO. The pictures and words are too small for the available space.



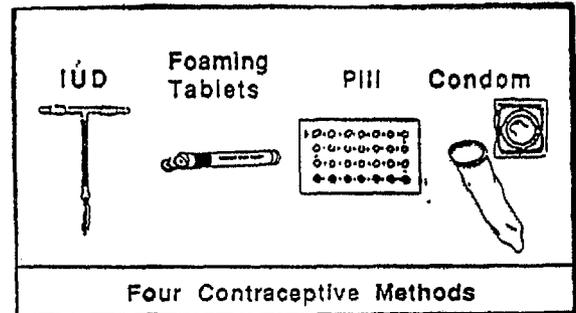
Yes. The pictures and words fill the available space

4. The visual should be well-organized

c. is it clear which words and pictures go together?



NO. it is not clear which words and pictures go together



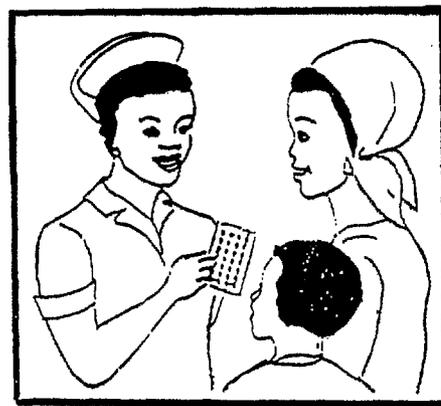
YES. It is clear which words and pictures go together

5. The viewer's attention should be directed to the important information in the visual

a. is the center of attention clear?

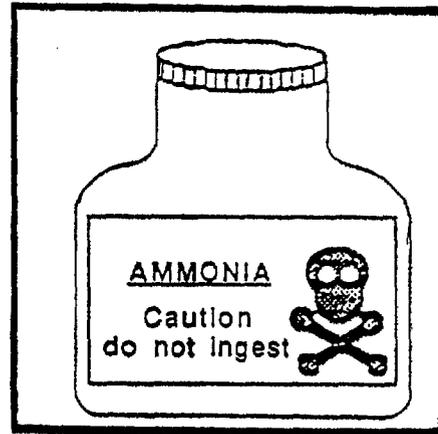
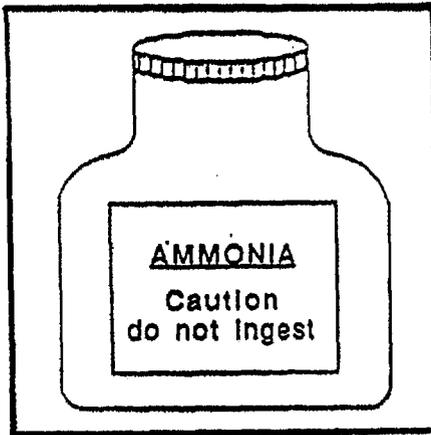


NO. There are three persons in this picture, but the center of attention is not clear



YES. The people are all facing the pill packet, and the center of attention is clear.

5. The viewer's attention should be directed to the important information in the visual.
- b. is color or some other visual technique used to help guide the viewer's attention?

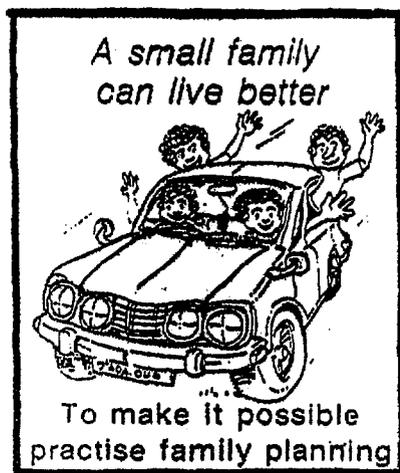


NO. This picture is of a substance that is poisonous; no visual technique is used to guide the viewer's attention to this important information.

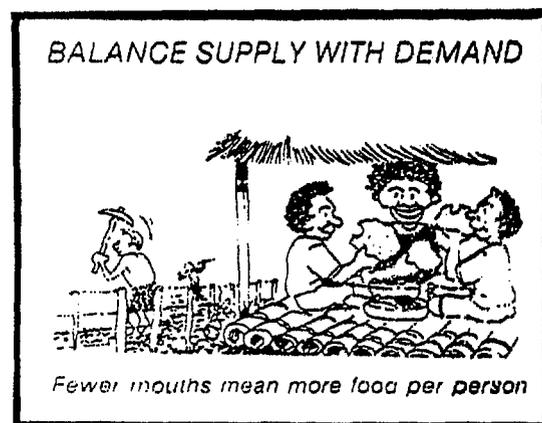
YES. This picture is of a substance that is poisonous the skull and the crossbones are gray. They could be printed in red or some other "danger" color to help guide the viewer's attention.

The visual should attract the attention of the people for whom it is intended.

- a. are the objects and figures in the visual appropriate to the culture of the people for whom it is intended?



NO. This message would not be understood by the average Papua New Guinean.



YES. This picture is a more appropriate way of appealing to the average Papua New Guinean

## COPYING AND ADAPTING PICTURES

When you have chosen your picture, you can copy it by following the directions which follow.

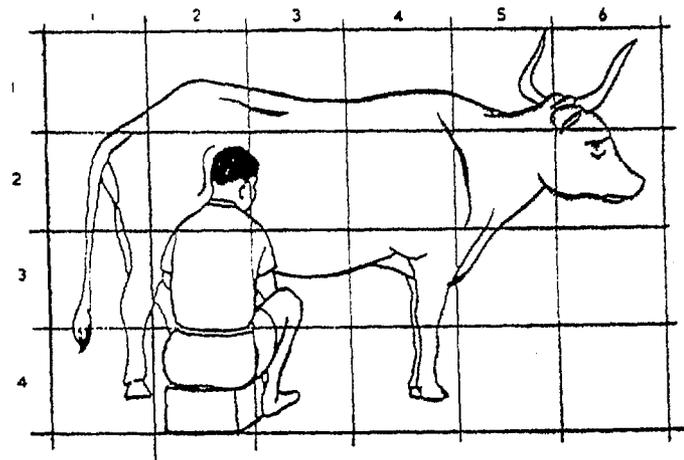
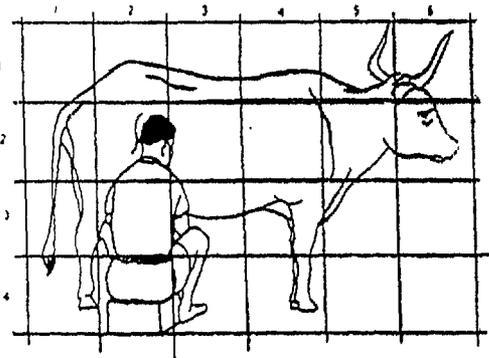
1. Draw a grid of equal sized squares over the picture using a soft pencil.
2. On a blank piece of paper to be used for the poster, draw a plain grid with the same number of squares. To make a copy the same size as the original, use squares of the same size. To make the copy bigger, use bigger squares.

3. Copy the picture square by square in pencil.

4. When you have the outline, draw over it in ink.

5. Allow the ink to dry, and rub out the pencil lines.

6. Fill in the outline with shading and color as required.



## ADAPTING PICTURES

Certain details in a particular picture can be changed to make it more appropriate for the situation. For example if you have a picture from another country that you want to copy you can make changes in clothing, hair style, facial features etc. to make them suitable for your local audience. You can combine pictures to create a new picture.



The Copy Book, IT Publications

## PUPPETS

Puppets are very useful teaching aides. They can be used instead of drama or role play. They can represent values, illness or germs, foods, public officials or members of the community. It may allow more freedom for participants to communicate embarrassing or controversial subjects.

There are many types of puppets that can be made. Some are very simple to make while others may need more work but usually all are low cost. Different types of puppets are:

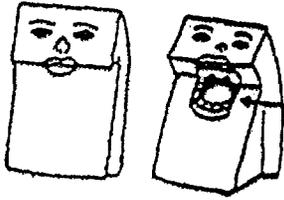
- glove puppets with papier mache or clay heads
- rod puppets
- paper bag puppets
- vegetable puppets
- jointed puppets
- shadow puppets

### How to make puppets

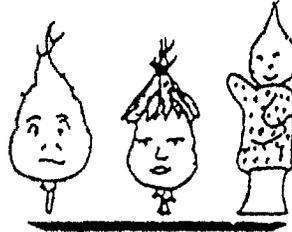
Materials for cloth and envelope or paper bag hand puppets: old socks, shirt sleeves, used envelopes, paper bags, yarn, grass, buttons, paint, glue, etc.

#### Procedure

1. Draw, paint, glue or sew a face on one side of the cloth or envelope or paper bag. Make the eyes the most noticeable feature. When using an envelope shape the envelope around the top edges of the face by folding and gluing the corners.
2. Attach grass, strands of wool, yarn or rolled paper to serve as hair around the face, in back, and for a moustache or beard if desired.
3. Put the puppet head on one hand. You can use a rubber band or piece of string to secure it around the wrist.
4. Use the puppets by hiding behind a cupboard, a desk, a large box or a fence. Then let the characters of the puppets take over.



**Paper Bag Puppet**



**Vegetable Puppet**



**Hand Puppet**

### **Vegetable Puppets**

Any vegetable may be used. Paint or carve a face and make costumes to fit the characters you are trying to convey.

### **Rod Puppets**

Draw a character on a piece of stiff cardboard. Colour or paint facial features and clothes. Glue or tape onto a stick.

### **Using Puppets**

If you are planning to use puppets for health education, ask yourself:

- what story will be used, and who will make it up?
- what information will be used in building up the story?
- What is the aim or result hoped for?
- how will you find out whether this has been achieved?
- what support and follow-up will there be?

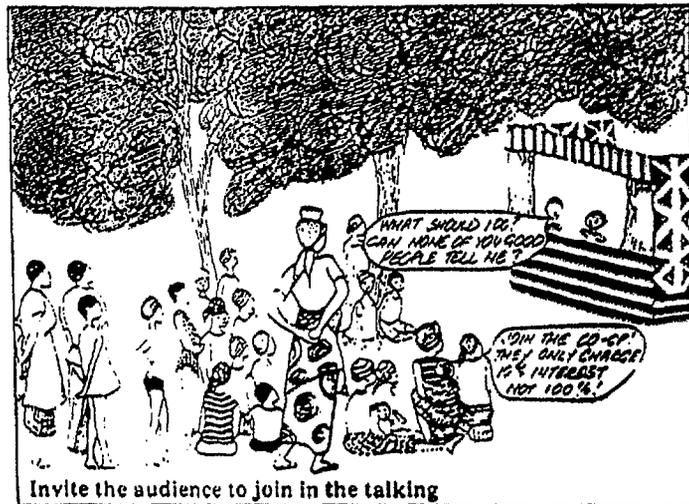
Appropriate stories can be developed using local experience, beliefs and culture. Be careful to use stories that people can understand, or better still ask community members to develop stories. Identify the major health problems in your area and use the puppet to help people find ways to overcome them. It is very important to be responsible about the message contained in the show. Unrealistic drama will either raise false hopes or be ignored by people. Plan what follow-up there will be after the puppet show.

## Putting on a puppet show

A puppet stage can be just a wall or curtain for the puppeteers to stand behind while they operate the puppets. You can hang a blanket or a large piece of cloth between two trees or across a doorway. Or, use the window of a house.

### For an effective show:

- use music and dance
- have plenty of action: people get bored when puppets just talk
- keep your speeches short and clear
- have a mixture of emotions (happiness and sadness) this gives variety and holds the attention of the audience
- aim for a clear plot; have a single idea at the center of the drama, with all action contributing to this
- be appropriate to the local culture and use local languages
- use sound effects and props if you can make them
- involve the audience: have the puppets ask them questions and demand a response.

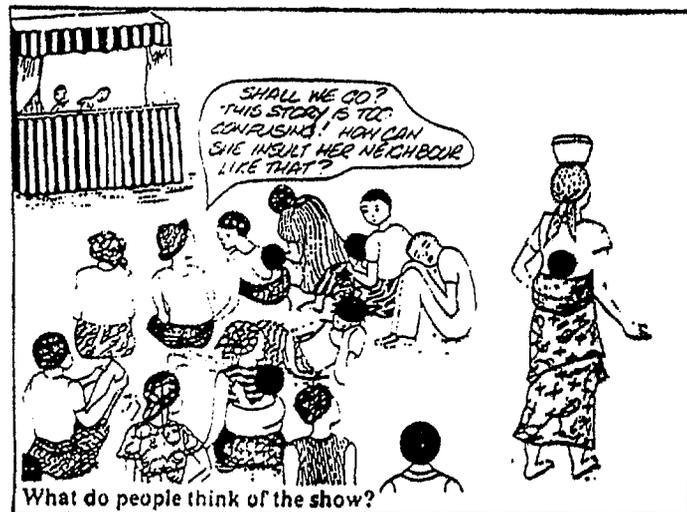


Invite the audience to join in the talking

Puppets for Better Health, Macmillan

### Questions which should be asked after the puppet show include:

- can the performance itself be improved?
- was it well received?
- did people get involved in planning and at the time of the performance?
- has the show changed knowledge or behavior?



What do people think of the show?

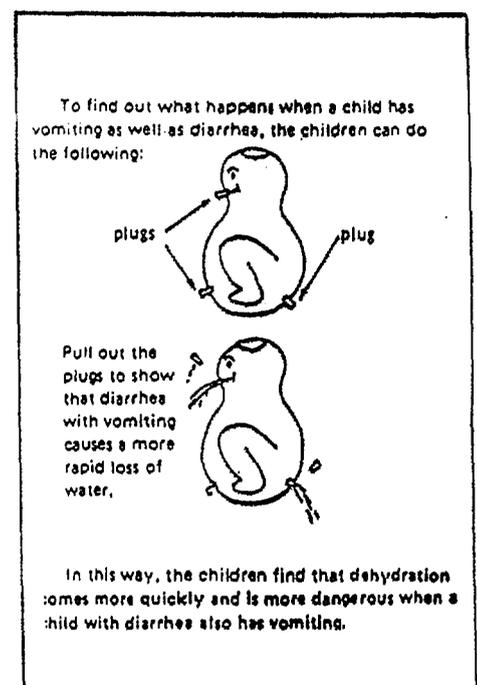
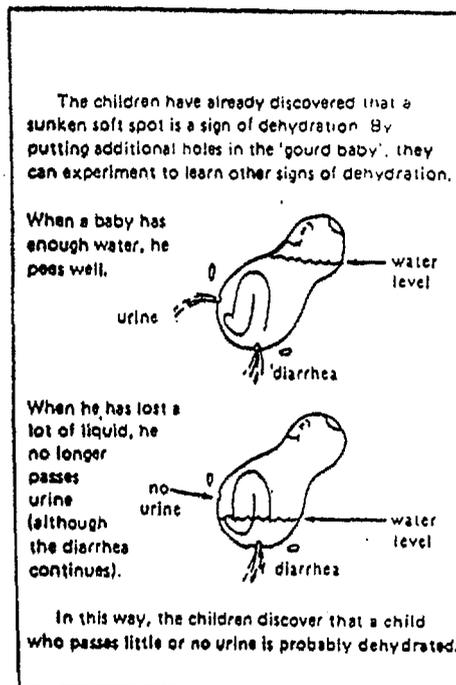
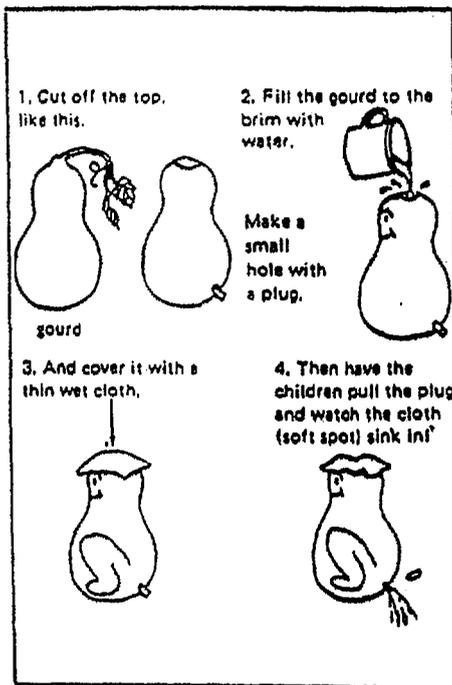
Puppets for Better Health, Macmillan

## USING DOLLS

The "Gourd Baby" and the "Glove Baby" can be used to effectively illustrate points about dehydration in diarrhea.

Adapted from Helping Health Workers Learn, Hesperian Foundation

### Making a Gourd Baby



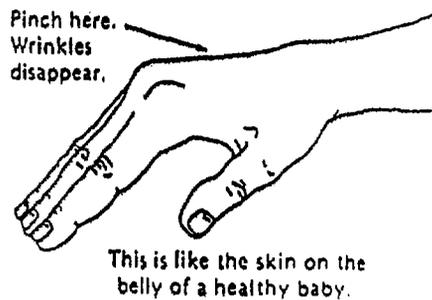
A plastic drink bottle can be substituted. Use a ball or passionfruit or sugarfruit shell to make a head.

## Making a Glove Baby

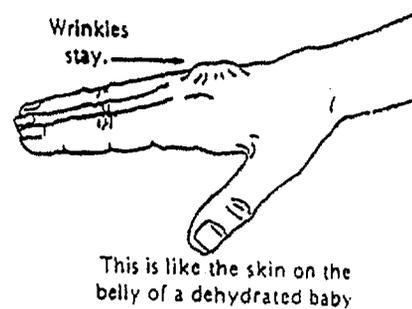
This can be made from an old glove or sock with an egg or a ball or a passionfruit for the head.

- hand held straight-belly wrinkle stays
- fingers curved - skin springs back

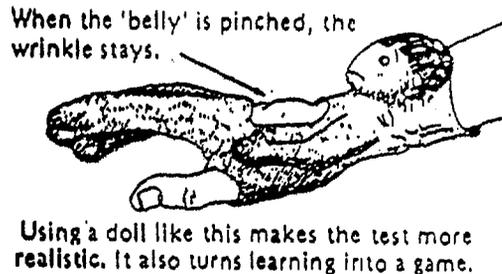
In this position, wrinkles will not stay after the skin is pinched



But in this position, the pinched skin stays wrinkled for a moment-just as on the belly of a dehydrated child



Using a doll like this makes the test more realistic. It also turns learning into a game.



When you show the belly wrinkle test to people, make sure they realize that the test should be done on the belly of a baby not on the hand.

## MAKING A BIRTHING BOX

Pelvic Models are a very useful means of demonstrating the birth of a baby. But they can be prohibitively expensive for small health centers who want to train VBAs. An alternative to purchasing a pelvic model is to make one out of inexpensive materials as described below.

### Materials needed:

#### For the birthing box

Cardboard box  
Ruler  
Pencil  
Sharp cutting tool  
Child's doll  
Paint(optional)  
Tape(optional)  
Elastic material (optional)

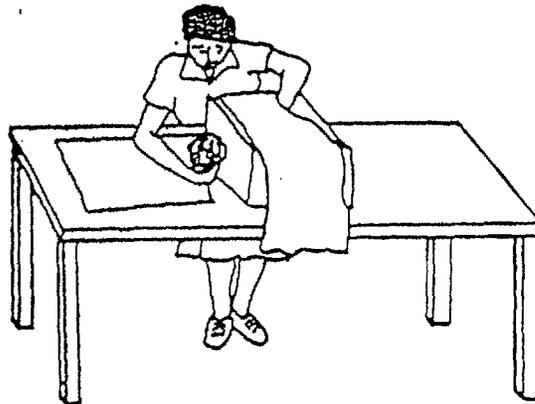
#### For the placenta and cord

2 squares of red cloth  
(20 cm x 20 cm)  
65 cm x 5 cm piece of red cloth  
Padding/stuffing material  
Needle and thread  
Scissors  
Pins(optional)

### Procedure

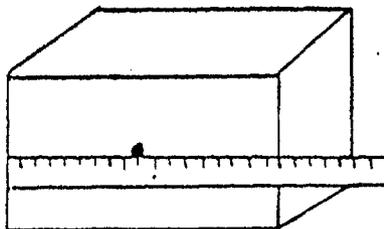
#### Making the Birthing Box

1. The top of the box is left open so that the trainer can move the 'baby' through the opening to demonstrate the delivery process.

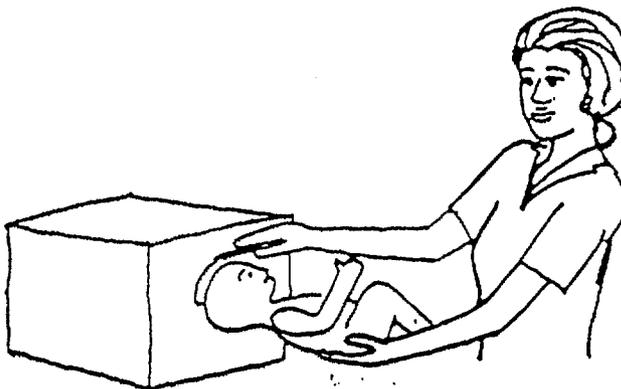


Cut a hole in one side of the box to represent the opening of the birth canal.

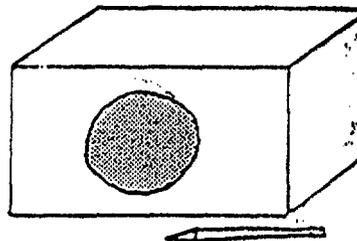
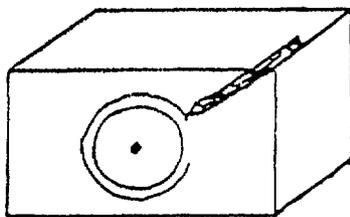
- a. Using a ruler to find the center of one of the longer sides of the box. Mark the spot with a pencil or pen (This will be the center of the vaginal opening)



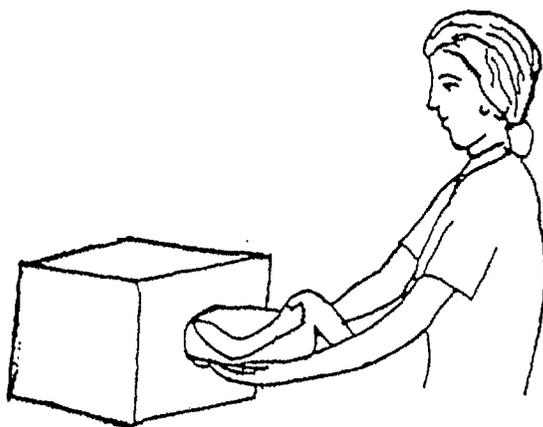
- b. You will need to have a doll in order to know what size to make the hole in the box. Place the top of the doll's head against the mark you have made at the center of the box. Use a pencil to draw a circle on the box by drawing around the head of the doll as shown below. It is easiest to start at the top of the head and draw a half circle to the right. Return to the top of the head and draw a half circle to the left.



- c. Draw a larger circle about two centimeters outside the circle that you drew around the doll's head, this larger hole makes space for the shoulders to pass. The exact size will vary with the size and flexibility of the doll's shoulders.
- d. Cut carefully along the lines of the larger circle using a sharp cutting tool such as an old surgical knife. Remove the center piece of cardboard. (see above right.).

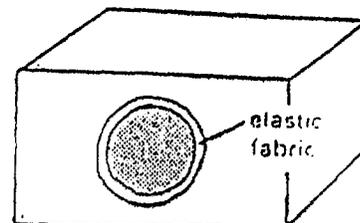
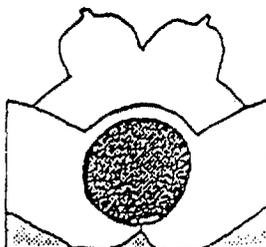
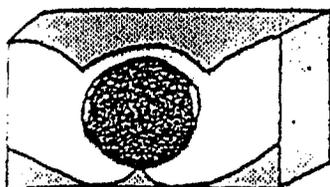


- e. Push the doll through the hole to see if it is large enough for the shoulders to fit. If you have difficulty pushing the doll through the hole, enlarge it slightly until the doll will pass through it. The hole should be only large enough for the doll to fit, no larger.



### Possible adaptions

1. Cut the upper edge of the box on the side with the opening to represent the curves of a woman's legs. Paint the box to show a woman's legs and vagina.

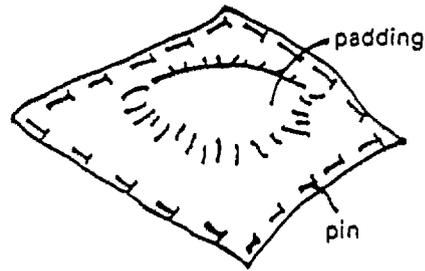
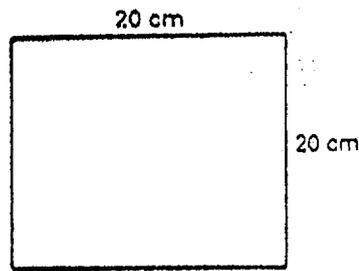


2. On the opposite side from the opening, cut the top flap of the box to look like breasts. Tape the flap in an upright position so that the breasts show above the top of the box. Then have learners practice putting the baby to the breast right after birth to prevent hemorrhage and to push out the placenta.
3. To make the opening more flexible, like the vagina, you can wrap the edge of the opening with any kind of elastic material and staple the material to the box. Some of the materials which could be used are: old nylon stockings; the fabric that goes under casts for broken bones (knit stockinette); or very wide elastic like the type sometimes used in sewing.

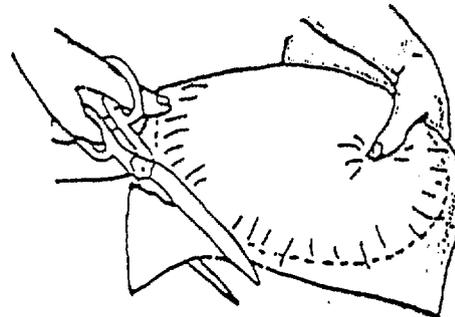
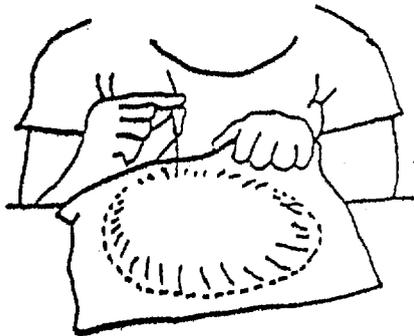
### Making the Placenta And Cord

1. Cut 2 pieces of red cloth into a 20 cm square. (It is easier to place one piece of cloth over the other and cut them at the same time. This way they are both the same size.) These pieces of cloth will make the placenta.

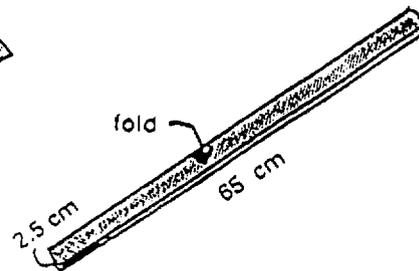
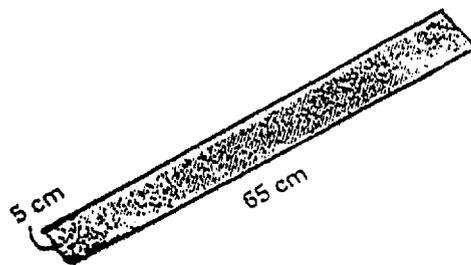
101



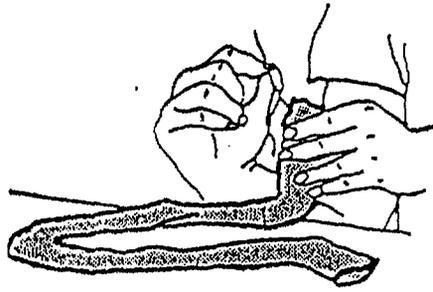
2. Place a piece of thin padding or old cloth scraps between the two squares of red cloth. Put pins around the edges of the square to hold the 2 pieces of cloth together. (If you do not have pins, loosely stitch the pieces of cloth together around the edges.)
3. Stitch a circle to make the cloth placenta shape.



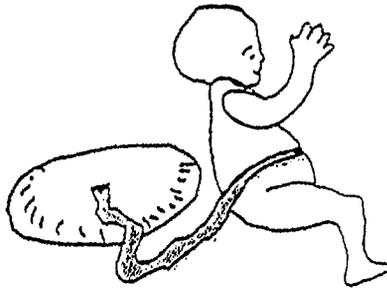
4. Cut along the outside edge of the stitched circle.
5. Cut a piece of red cloth (like that used for the placenta) to a 65 cm by 5 cm size. This piece of cloth will be the umbilical cord.



6. Fold one of the long edges of the cloth over to meet the other edge.
7. Stitch the two edges together.



8. If you would like, you can turn the stitched cloth inside out so that the stitches are inside the cord.
9. Sew the cord securely to the center of the placenta and loosely to the doll where the navel would be.



You will want to cut the cord during the demonstration, so you may want to make several cords or sew the cloth back together after cutting it.

#### Using the birthing box

1. Place the birthing box on top of a table. Leave space on the table in front of the box for 'catching' the baby as it comes out of the box.
2. Cover the box with a small cloth to hide the baby inside.
3. It is best if two people give the demonstration. One to push the baby through and the other to demonstrate the delivery.
4. Be sure to point out the differences between a real life delivery and the birthing box delivery. (For example point out when the blood would normally begin to come out of the vagina. Explain that the baby is wet and slippery when it is born.)

## Summary

Teaching aides are valuable for helping to illustrate lessons and make them more interesting and effective. Participants will more easily remember information if it can be illustrated in an interesting way or if practice is provided. Teaching aides can provide both. Teaching aides provide the means of fulfilling the old Chinese proverb:

WHAT I HEAR, I FORGET  
WHAT I SEE, I REMEMBER  
WHAT I DO, I UNDERSTAND

Traditional teaching aides can be useful in training at the village level. Slide projectors, videos, printed materials such as posters and illustrated flip-charts, and writing boards all have advantages to offer.

However, for working with illiterate village adults in remote areas it is often more appropriate to use locally available home-made teaching aides which are inexpensive and often may be more relevant to the situation.

When preparing any teaching aides always consider their appropriateness and relevance to the given situation

### Tips for using audio-visuals

- Test all equipment before each training session to be sure that it is working properly
- If projectors will be used, make sure that there are spare bulbs in working condition and spare batteries. Practice replacing them before the training session.
- Arrange the room so that the screen, or flip chart can be seen by all participants
- Material to be shown, whether by slide or flip-charts, or posters should be large enough to be seen by all the participants
- Limit the amount and complexity of information presented on one poster or slide. Several well-laid out pictures are better than one crowded, poorly arranged picture.
- Use different colors to add visual interest.
- Face the participants when using a screen, flip-chart or poster. Stand to one side of the screen or poster.
- Use a pointer to focus attention on a specific area.
- Do not rush through the presentation, allow time for discussion and questions.

Teaching Method

Demonstration of methods  
Discussion of uses of all  
Hands-on practice when possible  
Create own teaching aides

Evaluation

Pre-test/ Post Test  
Observation  
Participation in making a teaching aide

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**SECTION II**

**SOCIAL PREPARATION IN THE DEVELOPMENT OF A  
COMMUNITY HEALTH PROGRAMME**

- Unit 1      Promotion with District Government Officials
- Unit 2      Consolidation of the Health Staff
- Unit 3      Approaching the Village
- Unit 4      Social Preparation of the Village
- Unit 5      Selection of the Initial Programme Area

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**SOCIAL PREPARATION IN THE DEVELOPMENT OF A COMMUNITY HEALTH PROGRAMME**

**GOAL:** To assure the sustainability of the VBA programme by developing a broad base of community support including government officials, health staff, community government village leaders and the village members.

How can we go about preparing the community for a health programme?

What sections of the community should be involved in considering a community-based health programme?

**Major Steps**

- A. Promotion with the government
- B. Consolidation of the health staff
- C. Approach the community
- D. Social preparation of the village
- E. Selection of initial programme site

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UNIT 1. PROMOTION WITH DISTRICT GOVERNMENT OFFICIALS

How can the programme coordinator gain acceptance from peers and supervisors for new ideas about community health programmes in this case a village birth attendants training programme?

How can the programme be integrated into the overall government programme?

Why do we need to get government support for a VBA programme?

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GOVERNMENT SUPPORT MUST BE GAINED IN THE INITIAL STAGES OF A PROGRAMME. IF YOU CANNOT GET THIS SUPPORT YOU SHOULD NOT START YOUR PROGRAMME. KEEP TRYING UNTIL YOU ARE SUCCESSFUL

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Purpose

To gain official support for the proposed VBA programme  
To recruit government resources, including technical advice, facilities, staff and operating funds  
To gain support from other government agencies at the same, or higher levels in order to share resources  
To integrate the programme into the government programme and prevent overlapping and competition

Action

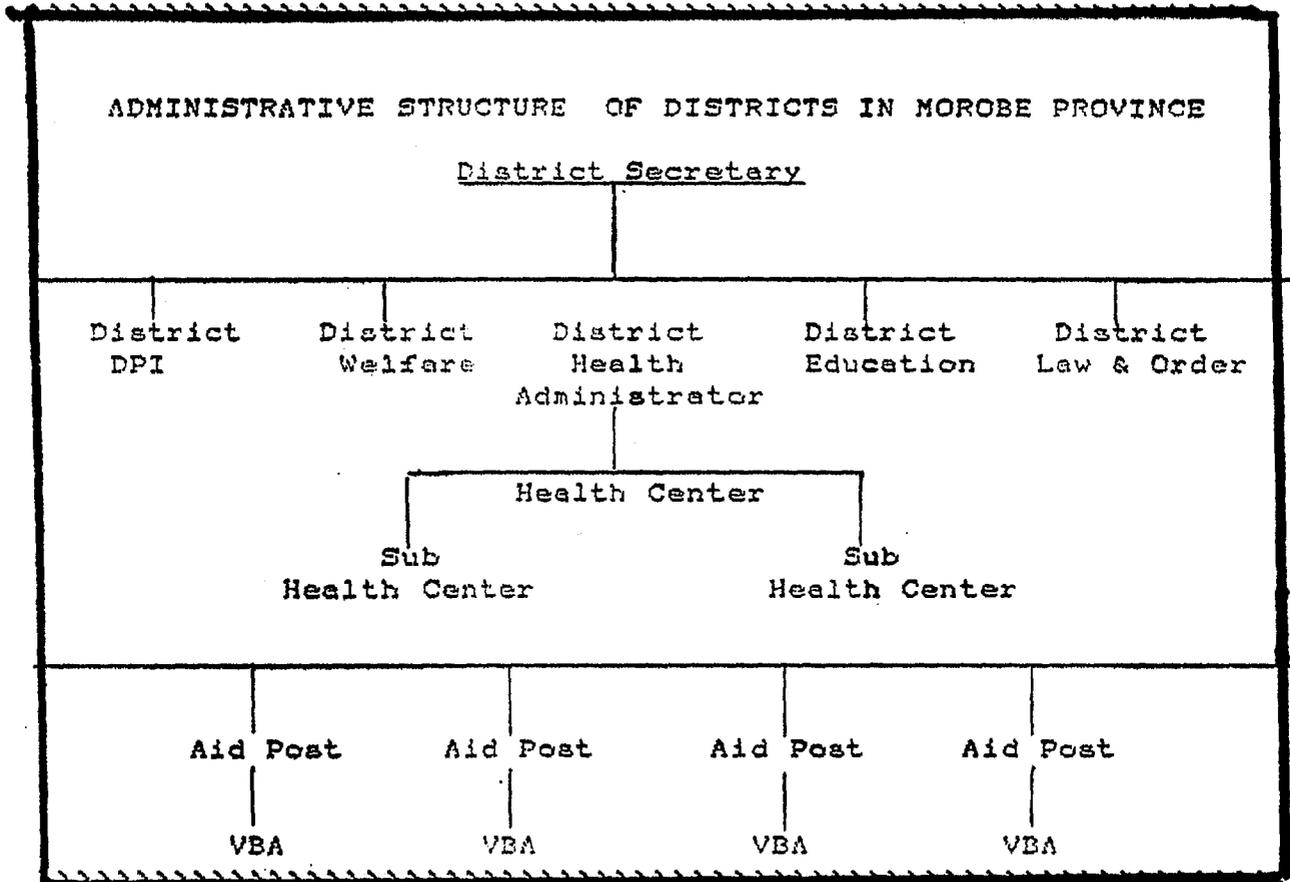
Discussion with senior government officials until some consensus is reached on the concept of community health and the idea to set up a VBA training programme in a specific area is approved.

Information needed for successful action

1. It is necessary to approach the government officials in the district because it is from them you will be getting financial support and approval for your staffing needs. Even if you have funding from another source you will find that the community will be more likely to support your programme if they know that it is endorsed by the district

government and in turn the district officials can help to back you up when you are seeking the support of the health staff and the community as a whole.

Below is the organizational structure of the Morobe province at the District level.



In Morobe, administrative responsibilities have been decentralized to the District level with the District Secretary having overall responsibility for all government operations in the district including health. A District Health Administrator (DHA) is directly responsible for all health matters in the district. It is the DHA who you will need to begin negotiating with and eventually the District Secretary (DS) will need to be involved. If you are in another province or working for a private organization you will need to find out who you need to work with in your own situation.

It is assumed if you are attending this course that the Provincial Health officials are already aware and in favor of a VBA programme in your area and will support your efforts. However, these officials need to be kept up to date with what you are doing. A good way to do this is to provide them with quarterly statistical information and reports of VBA Programme

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activities. Health Department officials can be influential when you are seeking funding and you need their support and back-up.

2. Information you should provide to convince officials of the need for a VBA programme in your area are:

current national and provincial health policies including statements from senior officials and international sources such as WHO and UNICEF on Maternal Child Health and community-based health programmes

Current MCH and health center statistics including information on antenatal attendance, deliveries and maternal and neonatal deaths

Overall plan of action including:

- > organization/framework within which the programme will be developed
- > financial needs: How much will it cost?
- > staffing needs
- > advantage over current system e.g. wider coverage, more economical use of staff, cheaper. (In discussing advantages, factors of special interest and importance to the government officials should be emphasized).

a. Health policies from the national and provincial levels are published in a 5 year plan. Copies of both should be available in your Provincial Health Office. Publications put out periodically by WHO, UNICEF and other health related international organizations may also be found at the provincial health office. These can provide statistical information about maternal and neonatal deaths in Papua New Guinea and may compare PNG status in these areas with other countries.

b. Statistical information taken from MCH and health center records provide valuable information to support your case for providing VBA training in your area. Information which helps show a clear picture of the health situation of women and children are:

- > Estimated births per year in your district  
(Get this information from the Provincial Health Office)
- > Percent of estimated births that take place in the village

Calculation:

No. estimated births - No. H/C births = No. Village Births

No Village Births  
Estimated births X 100 = Percentage village births

- > Percentage of births in which the mother did not attend antenatal clinic

Calculation:

Estimated births - ANC new attenders = women who did not attend ANC

No. who did not attend ANC  
Estimated births X 100 = percentage who did not attend ANC

- > Numbers of complications of delivery which come in from the village to the health center in a 12 month period
- > Percentage of pregnancies and births which are high risk.

Calculation:

Number High Risk  
Estimated births X 100 = Percentage of High Risk

- > Number of maternal deaths in the district per year (obtain from health center records)
- > Number of neonatal deaths (obtain from health center record)
- > Number of deaths of under 2 year olds (obtain from health center records)
- > Immunization coverage (from MCH records)

c. As you form an overall action plan for your program begin to list everything you will need to carry out the program from start to finish for one year. Consider:

- village contacts and social preparation
- training needs and follow-up
- transportation needs
- camping allowance
- staffing (will a new position need to be created?)
- training supplies
- medical supplies
- photocopying, printing
- mailing

Begin to estimate costs when you have made decisions about

- how many village visits you will need to carry out
- how many trainings you will have
- how many follow-up visits
- how many in-services you will carry out

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Using the above information you can prepare an estimated budget for your programme for one year. An estimate of how much your programme will cost will be necessary in order to get financial support from the District's Health budget

Example of preparing a budget:

Example 1

No. Village visits X Estimated cost of transport per visit =  
Transportation cost for village visits

30 village visits X K7.00 per trip = K210.00 transport cost  
for village visits

Example 2:

Cost to train 1 trainee = food per person x 14 days  
+  
training supplies per person  
+  
accommodation cost per person  
+  
transportation cost per person

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Cost to train one trainee x no. trainees = total cost trainees

Example 3:

Cost 1 trainer per training = food x 14 days  
+  
accommodation per person  
+  
camping allowance (when necessary)

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Cost 1 trainer per training x No. trainers = total cost trainers

Continue on with office supplies, follow-up visits etc. etc.

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WHEN APPROACHING GOVERNMENT OFFICIALS BE  
PATIENT      PERSISTENT      WELL-PREPARED

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d. **Staff needs**

Consider what type and how many staff you will need in order to carry out the programme. You may need to have a new position created in the district to coordinate the VBA programme if the health center staff are overstretched already. Health center staff must definitely be involved at least on a part-time basis.

Most programmes have a nursing sister or a nurse/midwife as a coordinator with one or two community health workers assisting on a part-time basis. It is recommended that a male health worker be used in community preparation. Because cultural practices in many places in PNG often make it difficult (but not impossible) for females to get a fair hearing from male village leaders a male health worker would be extremely helpful in making the way easier. The essential job of providing health education to the male members of the community would have to be done by a male health worker.

Staff needs will have to be considered by you and your DHA and then with the DS who will ultimately have to decide whether or not to create a position.

- e. Before you approach your superiors have a good argument prepared spelling out the advantages of the programme. (during TOT training encourage a discussion by the participants who should have many useful ideas that should be shared)

**Points that should be made to officials:**

- more women will have access to antenatal care which may cut down on maternal and neonatal deaths as high risk women are identified and referred
- More women will be reached for the amount of staff time invested
- It is financially less expensive to train VBAs and fill the gap in maternal care until the health system has enough resources to adequately serve all women everywhere in the country.

- A VBA programme fits into the concept of self-reliance and begins to put the responsibility for people's health into their own hands.
  - (Find out what special interests officials have and include these in your argument. These often hold more power to persuade than anything else.)
- f. Remember that government officials have many responsibilities many people/groups requesting funding for projects. Be patient but persistent and prepare a good argument for your case. It may take some time but don't give up.

### Summary

A VBA Programme needs the support of government officials at the district level. Through the district government the programme will receive funding, staff and will represent official support which may be necessary to gain community and health staff support. The DHA as the direct supervisor of health activities in the district is the person you must begin negotiating with and .

To convince government officials to support a VBA programme you will need to collect supportive health policy statements and statistical information, prepare a programme budget, consider staff needs and prepare a good argument for the advantages of the programme.

Be patient, persistent and well-prepared.

### Teaching Methods

Lecture/Discussion

Demonstration and Practice preparing statistics and budget

Role Play

Case Study

### Evaluation

Pretest/Post Test

Observe during activities

UNIT 2 CONSOLIDATION OF THE HEALTH STAFF

Can the VBA programme coordinator carry on a VBA programme by herself?

If not, how can the health staff in the district who have worked for years in a curative service accept a programme with a new orientation?

How can the VBA programme coordinator get the support of the district health staff?

Purpose

1. To prepare the health staff for a programme oriented to the community
2. To provide the health staff with skills required for community work
3. To form a team that works well together

Action

Enlisting the health staff in the district to participate in and support the VBA programme

Information needed for successful action

1. Forming an effective district health team

The health team must understand and accept the new approach and feel confident in implementing it. This can be accomplished through training.

Often health workers have a negative approach to changes in their job. They perceive change to mean higher duties for which they may not be reimbursed. This kind of attitude resists any kind of change.

If health workers can be helped to look positively at change as an opportunity to learn something new, gain additional experience and make their job more interesting they may be more likely to cooperate with the new programme.

The attitude of many health workers towards their work and towards the people in the community has been and still is a big road block to improving health care in Papua New Guinea. Many health workers start out having a good attitude toward their work but too often we see these people overwhelmed by the influence of others and by the lack of incentives and support from their superiors until they too give up fighting the system.

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This negative attitude must change . We must find ways to encourage and support those workers with good attitudes and work habits and to retrain those healthworkers who need to improve.

The support of the health team is essential for the success of a VBA programme. The health team needs to be seen as accepting and supporting the efforts of the VBA in the community so that the VBA will become accepted as a legitimate member of the health team. The support of the DHA and the DS in encouraging the health team to support the VBA programme is essential.

Ongoing involvement of the health staff wherever possible in the programme will be helpful to retaining their support. Regular reports about what is happening with the programme and data to show how it is impacting on the health in the area will also increase the interest of the health staff.

It may be useful to involve other government agencies with the VBA programme. Related agencies such as Social Welfare may have useful contacts and experience in the community that could be valuable. There could be ways for the programmes to work together and share resources.

## 2. Training of Health Staff

### a. Training should achieve changes in attitudes through:

- statements proving government interest in and support of the VBA programme or inviting the DS, the provincial matron or the Assistant Secretary of Health to come and speak with the health staff about the programme.
- proof of need for the VBA programme using the same statistical information used to convince the government officials and any other information about ante natal clinics, MCH services that is relevant.
- Arranging for some of the health staff to visit an area which has a successful VBA programme and talk to the community members
- Inviting health workers who have worked with a VBA programme to come talk to the health workers in your area
- Pointing out ways in which the VBA programme can assist the health services in the district such as :
  - providing health education at the village level
  - encouraging all women to attend antenatal clinic
  - identifying high risk pregnant women and getting them to the health center before there is an emergency.
  - assisting normal village deliveries which could cut down on complications
  - promoting safe postnatal care of the mother and child

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IN ORDER FOR A VBA PROGRAMME TO BE  
SUCCESSFUL IT MUST HAVE THE SUPPORT  
OF THE HEALTH WORKERS IN THE DISTRICT

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- b. Training should provide skills in
    - approaching the community
    - communicating with the community
    - working together with the community
    - training skills they will need
    - simple administrative skills
  
  - c. Training methods could include:
    - discussions
    - exposure to a situation followed by discussion
    - problem-solving
    - role-playing
  
  - 3. Before beginning VBA training the existing health services should be prepared to maintain standards of obstetric practice that support the objectives of the VBA programme. Staff should be prepared to work with the VBA programme in providing supervised antenatal, delivery and postnatal care. These services should include:
    - Accommodation for pregnant women at the health center and hospital
    - Respect for traditional beliefs and customs that are not harmful to health
    - Encouraging family members to stay with the mother in labour
    - Encourage traditional childbirth practices as a routine part of the health center delivery
    - Provide safe childbirth to women in their care.
    - Refer high risk women to specialist care.
- It is a waste of time for VBAs to refer pregnant women to a health center or antenatal clinic if the care the women are given is not up to standard.

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4. In order for a VBA programme to be successful it must have the support of the health workers in the district. Getting the health staff interested and involved is a task that should not be underestimated. It will take time and patient persistence to get them to come around. Use every means possible to win them over because you cannot start the programme without their support.

#### Summary

A VBA Programme needs the support and participation of the district health team. The health staff are the visible means of support for the VBAs in their community and legitimize their membership on the health team. Healthworkers may need to be trained to change attitudes and improve their skills in community relations.

In order for the VBA programme to be effective the health center must be able to provide proper obstetric care to women referred in by VBAs.

#### Teaching Methods

Lecture/Discussion  
Small Group Activities  
Case Studies  
Role Plays  
Games

#### Evaluation

Pretest/Post Test  
Observation of practical sessions

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UNIT 3. APPROACHING THE VILLAGE

Why take time to involve the community?  
How can health workers help the community tackle its own health problems?  
How can a programme be a community -based programme?

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IT IS IMPORTANT THAT THE COMMUNITY BE APPROACHED IN THE VERY EARLY STAGES OF THE DEVELOPMENT OF THE PROGRAMME. CLOSE CO-OPERATION BETWEEN THE HEALTH SERVICE AND THE COMMUNITY IS ESSENTIAL.

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Introduce this unit with the story "Ayawa and the Evil Spirit" . or a similar story about working with a community and discuss again what happened in the story.

Why wasn't the first group of aid workers successful in changing the behavior of the people in the village?

How could they have done things differently?

What things did Ayawa do when she came to the village that helped bring about the changes that were needed?

Purpose

To make clear the need to involve community members in programme planning and implementation

To gain the support and the direct, active participation of the community in developing the programme

Action

Approach the community with confidence

Approach the community leadership if possible both formal and informal leaders.

Information needed for successful action

Experience with community-based programmes here in Papua New Guinea and around the world have shown that community participation and support of birth attendant programmes is essential to the success and sustainability of the programmes.

We have seen as we went through the communication training that adults need to be treated with respect as equals, if we expect them to be open to what we are telling them.

We also were reminded that all adults have opinions and ideas of their own and we can learn from them if we use active listening skills.

We also became aware that adults have many concerns about their daily lives and they are interested to learn ways that can make their lives better.

From our own experience we probably already know that customs and beliefs influence every aspect of peoples lives.

VBA training involves interfering with the most intimate affairs of human life and asking people to change beliefs and practices which are a deeply imbedded part of themselves and the community as a whole. Trying to effect this kind of change will not happen quickly and asking people to make this change should not be taken lightly.

Those people who agree to participate in helping to make this change are necessarily acting with much faith and courage.

If we expect people to change deeply held beliefs and practices they must be profoundly convinced that the change will be for their benefit and will not cause harm.

If we hope to introduce a VBA programme to the community and expect them to support it we must take the time to talk with people and give them enough information in a way that they can understand so that they can make an informed decision about whether or not to participate in the programme.

A community cannot be profoundly convinced in a short time. But, if we can find ways to get people thinking in a different direction eventually, they will convince themselves of the need for change and be open to ways of improving their lives.

Once the members of a community have made a decision to participate they can feel that the programme has not been imposed on them from the outside but that they themselves took it on as their own. Because it is their own it will be more likely to become a part of their daily village life and in that way continue to be supported by them and to grow and change with the

needs of the village.

When approaching the village it is necessary to go first to the leaders in the village. Leaders with the following characteristics will be the most helpful :

- must be a true traditional leader
- influential in the community
- interested in health
- actively interested in community welfare

Added advantages:

- innovative/willing to try new approaches to solving problems
- willing to become actively involved

After the traditional leaders, some other community members or informal leaders should be approached. They are:

- pastors
- women's group leaders
- youth group leaders
- magistrate
- community government members
- school teachers or former school teachers
- health workers or former health workers

Method of Approach:

1. In order to get off to a correct start you must be aware of the cultural etiquette in the village. Follow the customary ways of approaching the bigmen and proceed from there. Usually villages have their own ways of conducting meetings. Do not try to take over and impose your way upon them or you may lose them before you have even started. Respect their ways of doing things.

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MAKE EVERY EFFORT TO FIND THE TRUE  
TRADITIONAL LEADERS OR YOUR EFFORTS  
WILL NOT BE SUCCESSFUL IN THAT VILLAGE

2. If the village has a committee of bigmen meet with them first. Sometimes government appointed members of the community such as magistrates will claim to be a traditional village leader. Sometimes they truly are recognized as

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traditional leaders but many times they are not. Make every effort to find the true traditional leaders or your efforts will not be successful in that village.

3. Try to get leaders involved in a discussion about the health problems in the village. The more problems they themselves identify the easier it will be for you to relate health statistics to what they already are aware of. If you have prior knowledge about the traditional beliefs in each village it can be an advantage. (for more information see Unit 4 in this section).
4. Do not be pushy. Select an appropriate time and present the information you have about the VBA programme and try to explain the idea behind this type of programme, that is self-reliance- people taking responsibility for their own health.
5. The best approach is a relaxed friendly one where there is give and take in the conversation. Try not to give a speech. Sometimes, it is expected of you too give a speech especially when the whole community is gathered. However, even if you must give a speech make sure people feel free to ask questions and make comments.
6. Telling stories about health problems in the area may help leaders think about some similar problems in their village. Find out before you come if there have been any maternal deaths in the village or ask the people if they remember any. This can be a starter to a good discussion of perinatal problems in the village.
7. You should come back several times to each community. When you are talking about a new programme people can become very confused about what it is you are offering so you must come back several times and retell all the details about the programme until at least some of them are very clear about what you are offering this prevents many misunderstandings.

Village people have said that when someone comes for one visit to their village what that person tells them is often perceived as a story about someone else. It makes interesting discussion for a while, but when the visitor leaves, the subject is soon forgotten in the bustle of everyday concerns. After only one visit it is not clear to people how what was said really applies to them.

If however, the visitor comes again and talks to them again about the same subject people may begin to see that what is being said does apply to them. They also begin to get to know and trust the visitor.

When a visitor returns to the village for a second or third visit it makes a big impression because not many visitors

come back more than once. Also, many people - politicians, government officials and others come to villages and promise many things but few if any deliver, so village people are rightly skeptical when anyone comes. It takes time and patience to get your message across.

8. A friendly, respectful, nonjudgemental attitude and patient persistence are the keys to successfully connecting with village people.

#### When to Come

When trying to meet with village people each area may differ but past experience in many villages revealed these times to be acceptable in terms of finding people in the village and more willing to come together for a meeting:

- Sunday or Saturday worship days after the service
  - Regularly scheduled village meeting days
  - Special regional meetings such as church gatherings
  - The day after a big feast
  - MCH mobile clinic days
- Initial approach to the village may be done at MCH clinics by talking to the mothers that attend and getting their feelings about a VBA programme. Clinics are good venues to carry out a survey of traditional practices and beliefs (see Appendix ) that can give you important background information.

VBA programmes are unfamiliar in most areas so if you are expecting village people to come for a meeting arranged just to talk about your programme you may find that no one turns up. Often men will not come to an arranged meeting because they think that a VBA programme only pertains to the women in the village and their presence is not necessary. We have already learned that village people have many other concerns, such as finding food to feed their families. It will take time before they can decide whether or not what you are offering is worth the time away from their other responsibilities. Don't assume your time is more valuable than theirs. Don't give up but try to come at times when people will be gathered already. Make arrangements beforehand with the organizers of the gathering and ask if you can be allowed some time to speak with the people during or after the main event.

#### Important Factors

1. Official approval by local leaders for starting a VBA programme is essential. If a direct approach to a formal leader is not possible, or unsuccessful, informal leaders such as teachers or religious leaders may be approached. When they are convinced about the new ideas, they can be encouraged to influence the formal leadership. Sometimes to get a new programme started the District Secretary may

KB

have to give public support at a district meeting so the village leaders know for sure that the government is behind the programme. Ask the DS to mention the new programme whenever he meets with the village leaders or ask him to come to a village meeting with you. An official letter from the DS expressing support for your programme may help.

2. Don't promise more than you can offer. Be sure that village leaders know that they have responsibilities in the implementation of the programme.
3. Your attitude when approaching village leaders is very important. You must respect their position. Be humble. You don't know everything and you can learn something from village leaders and at the same time gain their trust.

### Summary

The initial approach to the village is important. How you approach the village will affect how you are received. Find out the proper way of meeting with the bigmen in the village. Be sure you consult all traditional leaders. You will need their support. Overlooking the traditional leaders may cause bad feelings that could result in their working against you efforts.

Contact informal leaders after you have at least tried to meet with the formal traditional leaders. Informal leaders can support your efforts and help to convert traditional leaders that may be reluctant to participate in a VBA programme.

Meet the people on equal terms with respect for the leaders position. Be relaxed and friendly and try to involve them in a discussion rather than give a speech.

Come at times convenient for the village.

Your attitude toward leaders will greatly influence whether you are successful or not.

### Teaching Methods

Lecture/Discussion  
Role Play  
Case Study  
Games/Activities

### Evaluation

Pre-Test / Post Test  
Observation during activities

UNIT 4 SOCIAL PREPARATION OF THE VILLAGE

How can the whole village as opposed to leaders only participate in programme development?

How can a health worker make contact with members of the village?

What channels can be used?

Purpose

- To develop village understanding of the basic aims of the programme.
- To encourage the village to reach a decision to implement a programme based on its particular needs
- To make clear the responsibility the village will have within the VBA programme

Action

- Informal individual and group discussions about community problems and needs and the proposed VBA programme, held between the health worker and the leaders in the community
- Community leaders, assisted by the health worker, then introduces the idea of the VBA programme, informally and through community groups and meetings to community members
- Discussions should be held until a decision is reached by the community leaders and community members to participate in the VBA programme.

Information needed for successful action

1. Influential community leaders include:

- Formal leaders
  - traditional
  - government appointed
  - religious
- Informal leaders
  - religious
  - educated
  - wealthy
  - political

The support of formal and informal leaders is important

2. Enlist the support of existing effective community organizations

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Existing effective community organizations have:

- ongoing activities
- membership representing the whole community
- sound leadership
- a flexible programme

Organizations that might be effective are:

- women's groups
- church groups
- youth groups

Approaches should be made to such organizations. The VBA programme needs to be in the care of an organization which can offer support to VBAs. Womens' groups are particularly useful.

### 3. Identify community problems and needs

#### Health

- general observation as you visit the village- hygiene, malnutrition, general appearance of the villagers
- problems or deaths related to childbirth, neonatal deaths that community members can recall
- collect data on obstetric complications, village deliveries, number of pregnant women attending antenatal clinics from health center and MCH records
- conduct an interview of the women in the community to find out about traditional knowledge and practices surrounding pregnancy and birth. (see Appendix )
- conduct an assessment of the health needs of women in the community using a short questionnaire. (see Appendix )

#### Education

- ask local teachers about their problems and the problems they see in the village
- compare number of school-age children with number of school attenders
- check drop-out figures and reasons
- what is the proportion of girls compared to boys in school

#### Transport/Communication

- check means of contact with ant transport to health center, how far is it
- Check cost of transport
- what happens in cases needing emergency transportation

#### Means of Cash Income

- who does the work

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- what is the money used for
- what are the problems involved
- does this have an effect on women's health

4. Customary ways in which the community solves problems

When collecting information about major needs and concerns also ask about ways in which the community has tried to meet these needs. Possibly the customary ways of solving problems can be developed and incorporated into the new programme. For instance if a community collects funds to cover funeral expenses this could be developed into a simple insurance scheme in which subscriptions are collected to provide health care for the living or provide an emergency transportation fund for complicated deliveries.

5. Methods by which the community reaches decisions

- a. Determine which group leaders are most influential in the community as they are the best channels through which to gain community support
- b. Determine which is the officially recognized decision-making body through which the final decision for acceptance for the programme would be made.
- c. Determine the type and frequency of group meetings. If the decision is reached in a formal meeting attended by large proportion of leaders and community members it will have stronger backing and support.
- d. Determine whether decision making is :
  - a decision by the recognized leader
  - majority vote
  - discussion ending in unanimous decision

Whichever decision making method is used it is important that as many community members and leaders as possible understand and agree with the programme.

Information you should provide to the village

1. The community's responsibilities within the programme
  - a. agree to support the VBA- publicly, moral support, if problems arise
  - b. help with transport in emergencies
  - c. provide an escort to ensure women are physically safe travelling and staying away from home
  - d. consider a fund to help family borrow to pay for emergency transport if needed, provide food for women who need health center care
  - e. provide materials, land labor to build a birthing hut if necessary
  - f. assist VBA's family when she is attending to a mother
  - g. find ways to raise money to compensate the VBA for her

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- work
- h. resupply VBA's supplies- soap, razor blades, cord rope
2. The responsibilities of the VBAs. What their role is, what they have been trained to do, what their limitations are. (see VBA Scope of Work and VBA Code of Ethics Section III)
  3. The health department's responsibilities.
    - a. train VBAs
    - b. provide VBA kits and resupply medical supplies
    - c. provide supervision and follow-up of VBA
    - d. assist VBA if problems arise because of her work
    - e. provide good obstetric care at clinics and health center
  4. Outline the programme details-- selection of trainees, training, mens training, certification, follow-up, additional in-service training
  5. Legal and ethical issues

Depending on the customary practices in your area concerning compensation and how problems are handled, you may want to discuss in detail the legal aspects of VBA work. Because of problems experienced in some highlands provinces the department of health has suggested some ways to protect the VBA should she be blamed for illness or death of a mother or baby in her care. Details can be found under "Legal and Ethical Responsibilities" in Section III in this manual.

Generally, where a VBA is blamed for misconduct in relation to her work, the matter should be resolved by the persons directly involved. Where this is not successful the health team may need to get involved.

#### Important Factors

1. The health worker must have an open friendly attitude, showing a willingness to learn about the community from the people. Patient persistence is again the rule. The process will take time sometimes several months.

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INITIAL CONTACT AND PREPARATION OF  
VILLAGES SHOULD NOT BE RUSHED

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2. The introduction of the VBA programme should always be through discussions on major concerns of the community. Through discussions assess what these are and start from there. For instance, a VBA programme could be suggested as an answer to the problems of long distances from the health center.
3. In a community where health is not a major priority such as a poor isolated community, implementation of a VBA programme may have to be postponed until other more pressing needs felt by the community are met such as income generating projects or nonformal education or a school that may increase awareness and understanding of the advantages of healthier living.
4. Initial contact and preparation of villages should not be rushed. Spending 6 months contacting various areas before deciding where the program will start is not too long providing you remain in contact with each village.

#### Summary

Involvement of village members in making a decision about participating in a VBA programme is essential for the sustainability of the VBA programme. Enlisting the help of village organizations particularly women's groups is an effective means of involving a large number of people. Discussions should involve giving and getting information. Find out about the communities health needs, traditional beliefs, transport and communication problems, and how they make decisions and solve problems.

Provide the people with information about the role of VBAs and what the programme provides to the village. Inform the village members what their responsibilities are under the programme. Give details on the legal aspects of the VBA programme where necessary.

#### Teaching Methods

Lecture/Discussion

Role Play

Games and activities to reinforce positive attitudes

Village visit for demonstration and practice

#### Evaluation

Pre -Test /Post test

Observation during activities

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4.5

UNIT 5 SELECTION OF INITIAL PROGRAMME AREA

How can a community be convinced that a programme is feasible and of benefit to them?

How can ideas be tried out without their failure jeopardizing the whole programme?

How can programme implementors gain confidence from experience?

Purpose

To select a restricted area, with high probability of success for trial.

Action

Community leaders and health worker, with input from District officials and the health team, reach a decision on a locality for trial programme.

Information needed for successful action

When introducing VBAs in a new district it is best to select one area for a trial of the programme. The villages selected should be in one area and have the same language.

Evaluating communities for selection as VBA villages

1. Does the community want a VBA?
2. Does the community need a VBA?
  - How many maternal and perinatal problems? Deaths?
  - How far is it from the health center?
  - What is the population?
3. Is there already a traditional birth attendant in the village ?
4. Is there an active aid post in the area?
5. Is the village regularly served by MCH mobile teams?
6. Will the health staff be able to provide follow-up support?
7. Are the village leaders committed to supporting a VBA?
8. Is there a strong women's group or strong women's leader?
9. What is the history of other projects in the village?  
Successful? Unsuccessful?
10. Is the village truly committed to supporting the VBAs efforts?
  - a. Do the men sincerely understand and support the need for VBA?
  - b. Do the people come to meetings which you have scheduled at times convenient for the village?
  - c. Do the women show an interest in the programme?
  - d. Do the men clearly show support for women's activities in general?

- e. Are at least some of the men interested in learning about reproductive health themselves?
- f. Does the community understand self-reliance and volunteering or do they insist on payment from the government?

Positive Signs

Strong women's group

Traditional leaders show interest and support

Men show an interest in learning about the programme

Village has a traditional birth attendant

People understand the concept of volunteering and are willing to work as volunteers

People understand the concept of self-reliance and are willing to take responsibility for their health

Village has sufficient of its basic needs met to allow for support of VBA e.g. food, shelter, some cash income, some education

MCH clinics regularly visit the area

Negative Signs

No organized women's group and/or no identifiable women's leader

No interest shown by leaders

People don't show up for meetings

Feedback from village people is negative after several meetings

There is little or no contact with MCH clinics or patrols

Mature women do not appear to interested in training or are not encouraged to do so.

The only women showing interest are too young or come from outside the cultural group

Volunteering is not understood the issue or payment is mentioned repeatedly

The village is so poor or so isolated that other needs are too pressing to allow for support of a VBA programme

Important Factors

Keep the number of villages low- 5 to 7 villages for the initial involvement is a manageable number. Keeping the number of villages to 5 to 7 will mean the number of VBA trainees will be between 10 - 12 which is an optimal number for the VBA course and monitoring their activities after they begin working will be more easily managed.

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### Summary

There are many criteria that may be used for selecting villages. Each project area will have to decide from the lists given which characteristics are the most relevant to their situation or which combination is most acceptable.

Keep the number of villages low so training and follow-up can be accomplished adequately. A good number of villages is 5 to 7 and the number of trainees should be around 10 for best the training results.

### Teaching Methods

Discussion  
Small Group Activities

### Evaluation

Pre Test and Post Test

SECTION III

APPLICATION OF COMMUNICATION SKILLS AND ADULT  
TRAINING TECHNIQUES TO VILLAGE BIRTH ATTENDANT TRAINING  
AND MEN'S REPRODUCTIVE HEALTH TRAINING

- Unit 1 Planning and Preparing a VBA Training Course
- Unit 2 Introduction to the VBA Training Manual and  
Accompanying Modules
- Unit 3 Applying Communication Skills and Adult Training  
Techniques
- Unit 4 Follow-up Support and Supervision of VBAs
- Unit 5 Monitoring and Evaluating VBA Programmes
- Unit 6 Legal and Ethical Responsibilities

### SECTION III

#### APPLICATION OF COMMUNICATION SKILLS AND ADULT TRAINING TECHNIQUES TO VBA TRAINING AND MEN'S REPRODUCTIVE HEALTH TRAINING

##### Objectives

At the end of this section course participants will be able to:

1. Demonstrate knowledge and understanding of technical information needed for training VBAs and for Men's Reproductive Health Training
2. Demonstrate the knowledge, skills and attitudes needed to plan a VBA and/or Men's Reproductive Health Training Course.
3. Demonstrate the knowledge, skills and attitudes needed to prepare and carry out a VBA and/or Men's Reproductive Health Training Course.
4. Demonstrate the knowledge, skills and attitudes needed to select and use appropriate adult training and communication techniques to present VBA and/or Men's Reproductive Health Training Course content.
5. Demonstrate the knowledge, skills and attitudes needed to provide follow-up support to VBAs after training.
6. Demonstrate the knowledge, skills and attitudes needed to effectively monitor the VBA programme.

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UNIT 1 PLANNING AND PREPARING A VBA TRAINING COURSE

Why do trainers need to plan carefully before the training?  
What are the steps needed to plan a training course?

Purpose

Enable participants to plan and carry out a VBA training course

Action

- Prepare session objectives
- Prepare course outline
- Prepare course schedule
- Prepare training notes or lesson plans

Information needed for successful action

There are two types of objectives primary and enabling.

Primary objectives describe what a person will know and/or be able to do after completion of a block of training.

Enabling objectives are training related objectives that support primary objectives.

Primary objectives are sometimes called module or session objectives.

(TOT Trainer should review session objectives in VBA manual and modules with the participants)

Enabling objectives relate to tasks needed to reach the primary objective. Enabling objectives are written in a simpler format. They list only the action and object of the action.

- EXAMPLES:
- Perform proper hand-washing technique
  - Counsel pregnant woman about nutrition
  - List 3 signs that indicate separation of the placenta

Developing a Course Outline

A course outline is a plan of the training. It is used for planning your course. A sample is shown in Sample 1.1.3. A blank copy is found at the end of the unit.

The outline is divided into 4 parts:

- Time
- Objectives/Activities

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The outline is divided into 4 parts:

- Time
- Objectives/Activities
- Teaching and Lecture Methods
- Resources/Materials

In the **Time** column enter the approximate amount of time needed for each enabling objective and training activity. 1 This helps the trainer keep within the time limits available.

Under **Objectives/Activities** list enabling objectives and training activities. These will outline the sequence of the training and should be listed in the order that they will be presented. The objectives and activities (introductory, small group, practice, breaks, etc.) combine to outline what is known as the flow of the training.

In the **Teaching and Lecture Methods** column the trainer will list methods, activities used to deliver content and skills training relating to the objectives. 1 A variety of methods must be used.

The last column **Resources/Materials** is for teaching aides and resource materials which will be used along with other teaching and learning methods.

#### Developing a Course Schedule

The course schedule is a day by day description of training activities. It should include course name, days of training, time blocks for all training activities, brief description of activities. The information is taken from the course outline. An example of a course schedule is on the next page sample 1.2.3.

#### Developing Training Materials

There are three types of training materials:

1. A reference or training manual is available and the trainer personalizes it with modifications to suit the needs of the training.
2. Trainers notes are used along with a reference manual. They outline the key points, questions, teaching aides reminders, directions for activities. They can be used as a handout or put on a flip chart.
3. When no reference or training manual is available the trainer develops a lesson plan. This could include assignment sheets, learning guides, case studies and role plays.

**Sample 1.1.3**

from "TRAINING SKILLS FOR REPRODUCTIVE HEALTH PROFESSIONALS" by JHPIEGO

**Sample MODEL IUD COURSE OUTLINE: STANDARD COURSE: 10 days; twenty 3-hour sessions**

Time	Objectives/Activities	Teaching/Learning Methods	Resources/Materials
<b>Session One</b> <b>Day 1, AM</b> <b>(3 hours)</b>	<p><b>Opening</b></p> <p><b>Objective:</b> Describe course and approach to training</p> <p><b>Objective:</b> Assess participants' and group's pre-course knowledge</p> <p><b>Objective:</b> Identify individual and group learning needs</p> <p><b>Objective:</b> Describe how people learn and, as a result, how the course will be taught</p>	<p><b>Warm-up exercise</b></p> <p><b>Group discussion:</b> Participant expectations</p> <p><b>Complete pre-course questionnaire</b></p> <p><b>Exercise:</b> Group grades questionnaires and completes Individual and Group Performance Matrix</p> <p><b>Discussion/Exercises</b></p>	<p><b>Copper T 380A IUD Reference Manual</b> (1 per participant)</p> <p><b>Copper T 380A IUD Handbook</b> (1 per participant)</p> <p><b>Handbook:</b> Pre-course questionnaire</p> <p><b>Handbook:</b> Individual and Group Performance Matrix</p> <p><b>Handbook:</b> "How People Learn"</p>

- Equipment for course**
- 35 mm slide projector and screen
  - Blackboard/chalk (or flip chart/marker pens)
  - Overhead projector
  - Video tape player (VCR)

#### Four -step Training Sequence

The four-step training sequence applies to most training material and consists of:

- Preparation
- Presentation
- Application
- Evaluation

**Preparation** is completed before the lesson is delivered and includes:

- Reviewing the objectives
- Developing or reviewing the reference manual, trainers notes or lesson plan and completing additional study if necessary
- Selecting or reviewing methods of instruction
- Preparing illustrations, instructional media, or other materials
- Gathering the necessary materials, tools and equipment
- Personalizing the training material

**Presentation** occurs when the trainer enters the classroom or clinic to conduct the session. It consists of three parts.

- Introduction
- Body
- Summary

The introduction must capture the interest of the participants. The body of the presentation uses a variety of instructional methods to deliver the content of the session. The content in the body of the lesson plan is presented in an outline form to prevent the trainer from reading the content to participants. This is boring and prevents the trainer from maintaining eye contact and interacting with the participants. If the trainer is using a reference manual instead of a lesson plan the trainer should highlight key words and phrases so he can glance at the page and continue to maintain eye contact and interact with participants. The outline is the skeleton of the key points and trainer must provide the flesh to the body of the presentation with additional examples, clarifications and explanations.

**Steps to developing the content outline:**

1. Review the objectives
2. Read and study appropriate reference materials such as manuals, textbooks, workbooks
3. Identify major sections of outline. Enabling objectives should head major sections and points related to the objectives should come under the heading
4. Decide on the order of the content
5. Key points should be detailed enough to trigger enough information for a good presentation and discussion.

The summary should be designed to give a feeling of closing

the presentation to reinforce key points. This can be accomplished by asking the participants for questions, or directing questions to the participants.

The application step should help participants apply information or skills. The activities should relate directly to the objectives and should be designed to provide immediate feedback. Application activities should be active and require the participant to interact with the content. A variety of activities should be used and may include discussion, role play, questions, demonstrating and coaching, case studies and games.

Evaluation is the final step in the training sequence. This step allows the participants an opportunity to demonstrate understanding of programme content as well as demonstrating practical or counseling skills. Results of the evaluation step indicate the effectiveness of training and may be used to identify strengths and limitations of a training program.

To get evaluation data the trainer can use questions, knowledge-based tests and performance-based tests using checklists and observations.

#### DEVELOPING TRAINERS NOTES

Given an available reference manual, the trainer may develop a set of trainer's notes which will help guide the lesson or presentation. These notes should be in an outline form and consist of "key points" or training cues, along with questions, teaching aides reminders, directions for activities, etc.

#### Points for Developing Trainers Notes

- only Notes should be in an outline form and contain key points
- Notes prevent the trainer from reading the material
- Notes help keep the trainer on track and following the objectives
- Even with a set of notes, the trainer will still need to review them before a specific presentation and personalize the notes by adding any additional key points, questions, references to teaching aides, etc.. This is important when the notes have been developed by someone other than the trainer.
- Some or all of these notes also could be written on the pages of a flip-chart or a writing board or printed to make a handout if appropriate for the type of training.

Trainers notes can also be used to personalize a reference manual if there is room on the manual's pages.

## LESSON PLAN

The format of a lesson plan may vary but should contain basic parts. It is important to develop lesson plans when there is more than one trainer who will be presenting the lesson during the course of the training programme because it helps to assure that the information presented will always be the same. Lesson plans are useful when the trainer prefers to use a plan and the plan's outline rather than personalizing an existing reference manual or developing trainer's notes. A blank form is provided at the end of this unit.

### Summary

When planning and preparing your training course begin by making objectives- primary or session objectives and enabling objectives. These are your guide to the information or skills you will need to present.

Prepare an outline of the course. This helps you plan your activities and helps you organize your thoughts.

Prepare a course schedule from your outline. This helps you budget time and helps you decide what activities and information you can present.

Prepare trainer's notes or lesson plans which you will use to present the content of each session.

### Teaching Method

Lecture/Discussion

Small Group Activity

Assignment Sheet- Prepare objectives, outlines, course schedule, lesson plans

### Evaluation

Assignment carried out properly

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## GUIDELINES FOR PLANNING AND PREPARING A TRAINING COURSE

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### Write Primary Objectives

1. Specify performance to be demonstrated at the conclusion of the module, session, lesson or course.
2. Specify who will perform
3. The performance statement should begin with a verb
4. Specify an acceptable response or standard.

### Writing Enabling Objectives

1. Specify action in performance terms
2. Specify the objective of the action

### Developing a Course Outline

1. Consider the time needed to provide training for each objective and activity
2. List the enabling objectives and activities
3. List the teaching and learning methods to be used with each enabling objective and activity
4. List resources and materials to be used

### Develop a Course Schedule

1. Indicate course name
2. Indicate days of training
3. Indicate time blocks for all training activities

### Developing Trainers Notes

1. Present notes in an outline form
2. Base notes on enabling objectives
3. Include questions
4. Include references to teaching aides
5. Present notes in logical order

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Course Outline for : \_\_\_\_\_

Time	Objectives/Activities	Teaching/Learning Methods	Resources/Materials
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LESSON PLAN

COURSE TITLE \_\_\_\_\_

LESSON TITLE \_\_\_\_\_

LESSON OBJECTIVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ENABLING OBJECTIVES: After completing this session, the participant will be able to:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PREPARATION

TRAINER

PARTICIPANT

References:

Assignments:

Instructional Materials:

Equipment:

Materials:

KB

Lesson Plan

PRESENTATION

INTRODUCTION:

BODY:

Information

Key Points

SUMMARY:

APPLICATION:

EVALUATION:

**UNIT 2 INTRODUCTION TO THE VILLAGE BIRTH ATTENDANT TRAINING MANUAL AND ACCOMPANYING MODULES**

Purpose

To familiarize participants with content of the VBA Training Manual, Men's Reproductive Health Training Module, Child Survival Modules, Family Planning Module, STD HIV/AIDS Module.

Action

Understand the information contained in each module

Information needed for successful action

Participants should be given the opportunity to read the VBA Training Manual, Men's Reproductive Health Training Module, Child Survival Modules, Family Planning Module, STD HIV/AIDS Module

The group should spend some time reviewing the contents of the VBA Manual and other modules and discussing any information that is unfamiliar. Most of the information should be known to the participants.

Format and Content of Manuals and Modules

The VBA Training Manual is designed to take into consideration the many varying customs practiced from one village to another. At the beginning of each section there are sample questions to ask the trainees in order to :

1. Find out what each one knows and practices in their particular village
2. Have a base of common understanding between trainer and trainees which can be built upon during the training
3. Help to create a feeling of mutual trust, respect and acceptance between trainers and trainees which facilitates training by encouraging open discussions
4. Help to build confidence among the trainees as trainers show an interest in the customs of their village
5. Help reveal practices which may be dangerous and need to be changed
6. Help trainers find clues as to how to go about changing dangerous practices in appropriate and effective ways

The VBA Training Manual contains the information a trainer will need to teach a VBA trainee so she can do her job competently. There are probably many things that could be added but always keep in mind the background of the trainees, what they are expected to do after training and what their limitations are. Trainees with limited experience will find too much information confusing. Remember the rule for training of illiterate adults is:

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**KEEP IT SHORT AND SIMPLE (KISS)**

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The content of manuals and modules is written in simple English in order to get trainers to begin thinking in simpler terms. TOT participants must be encouraged to leave behind their technical jargon and medical terms and find words the village women can understand in the local language if possible or in Tok Pisin. Remember the point of the training is not to show off what trainers know but to train course participants in the most efficient and effective way possible.

The trainer of illiterate adults will find the biggest job will be to find ways to present information so that participants are interested, remember what they need to know and provide enough practice time so that participants are confident and competent by the time the course is finished.

**Important Points About the VBA Training Manual**

Review all sections in the introduction to the VBA Training Manual including:

- Background information
- The role of the VBA
- Selection of VBA trainees
- Assessment of trainees
- Location of training
- Training of men and other community members
- Teaching resources
- VBA equipment
- In-service training

Review the goals of the VBA training and the course objectives

**Module A Normal Reproductive Process**

Module A is used as a means of introducing the VBA trainees to the reproductive body parts and also provides an opportunity for trainees and trainers to share their ideas and knowledge about what happens during conception, fetal growth, labour and delivery. This is a very important module because it may involve asking the trainees to consider some very basic changes to their

beliefs particularly the belief about the polluting effects of women's blood.

#### **Module B Antenatal Care**

The most important unit in Module B is Unit #2 which covers the identification of high risk mothers. It is important that when presenting this unit the trainees are allowed plenty of time to talk about problems they have seen with pregnancy and delivery in the village. If they have seen signs of the high risk factors before, it will be much easier to convince them about making changes that could help save the lives of mothers and babies. The unit is arranged in such a way that information is given for prevention as well as for what to do when a high risk mother is identified. This unit must be repeated several times before participants fully comprehend all the information they need to know.

#### **Module C Care During the Birthing Period**

This module has only one unit and it is very important for the VBA trainees to know the subject very well as it involves the normal delivery. The VBA trainee will need to practice on a pelvic model until she has become competent to perform a normal delivery. If there is any way that the trainees can observe and practice deliveries on real mothers it should be arranged. The VBA trainer should be competent in demonstrating and coaching the VBA trainees in doing deliveries.

#### **Module D Follow-up Care**

Unit #1 in this module is important in that the lives of many mothers and babies can be saved if VBAs are able to help prevent infections after delivery and to recognize signs of infection early so the mother or baby can be helped before it is too late. Allowing the trainees plenty of time to talk about deaths of mothers and babies in their own village will make this unit more effective.

In Unit #2 the need to begin breastfeeding baby immediately after birth needs to be stressed. Trainees need to be convinced that the first milk is essential for the babies health and survival.

#### **Module E Complications and Disorders of Pregnancy and Delivery**

Module E is important because it deals with complications and emergencies which are often the cause of death in mothers and babies. The trainees ability to recognize these problems and talk about what they have seen in their own village will help to convince trainees that they can help to save a woman's or baby's

life if they know what to do.

## Module F Primary Health Care and the Community

Module F is important in that it helps the VBA see how she fits into the concept of Primary Health Care and how she can work with the health team.

### Summary

Even though most of the material in the VBA Manual and accompanying modules may be familiar, participants will need to read each module and discuss any unfamiliar sections during class. It is important to understand the presentation of the material and how it is related to training. Important general information in the introduction needs to be made clear to TOT participants. Important sections of each module in the VBA Training Module have been highlighted to stress their importance.

### Teaching Methods

Lecture/Discussion  
Small Group Discussions

### Evaluation

Pretest and Post Test

Section III

UNIT #3 APPLYING COMMUNICATION SKILLS AND ADULT TRAINING TECHNIQUES

Purpose

To give participants the opportunity to put into practice communication skills, adult training techniques and course planning techniques.

To give participants the opportunity to interact with information needed to train VBAs

To give participants the opportunity to interact with information needed to conduct Men's Reproductive Health Training

To give participants the opportunity to interact with information contained in the CS, Family Planning, STD HIV/AIDS modules

Action

Prepare objectives, session outlines, lesson plans or trainers notes for a VBA training session, men's training session or other module session.

Present a course session including games, activities and teaching aides

Prepare and present:

- Illustrated Lecture
- Role Play
- Case Study
- Leading a Discussion
- Demonstration and Coaching

Demonstrate competency in modeling and coaching all aspects of a normal delivery to the approved standard as demonstrated by TOT trainers

Information needed for successful action

Participants will need to refer back to Section I and the VBA Training Manual, Men's Reproductive Health Training Module, CS Modules, Family Planning Module, STD and HIV/AIDS module during this unit. Information needed to carry out the activities outlined in this unit can be found in Section I. A list of the methods of instruction, teaching aides and evaluation methods follows on the next page.

**METHODS OF INSTRUCTION**

Case Study  
Demonstration  
Coaching  
Discussion  
Games  
Illustrated Lecture  
Role Play  
Study Trip  
Content Expert  
Guided Practice

**TEACHING AIDES**

Posters  
Illustrated Flip Chart  
Picture Cards  
Flannel Board with Pictures  
Slides  
Video Tape  
Anatomical Model  
Puppets  
Real-life Practice  
Writing Board

**EVALUATION**

Demonstration of Skill Competency  
Oral Questioning  
Observation during Activities

During this unit training will be concentrated on how the information contained in the training manual and modules will be presented to illiterate adults. Participants will be putting to use the knowledge, skills and attitudes they learned during communication and adult learning techniques training. The work participants do here can be used when they are ready to carry-out a VBA training programme in their own area.

Practical sessions in this unit can be carried out in a variety of ways. Following are a few examples of ways that trainers might present the information and allow the participants to interact with it.

**EXAMPLE I**

With the active involvement of the participants demonstrate how to plan and carry out a lesson for a particular unit. Decide on

objectives, prepare an outline and prepare trainers notes or a lesson plan. Then present the lesson.

(Unit 1 in Module C of the VBA training manual would be a good choice for this type of presentation because it involves demonstrating and coaching a birth using an anatomical model. Since this is a skill the participants need to show competency in, it will offer a good opportunity for practice.)

#### Important Points

- Consider: How will you introduce the subject?  
How will the content be presented?  
How will you summarize?  
How will you evaluate?
- Remember to keep sessions short when training illiterate adults. Plan a break after the lecture then carry on with the demonstration and coaching
- When demonstrating and coaching, allowing all participants to watch as you coach each participant reinforces the method in the participants minds
- Once you have demonstrated the method allow two participants to work together one doing the modeling and one doing the delivery.
- Provide checklists for participants to practice their demonstration and coaching skills

#### EXAMPLE II

Divide the participants into small groups. Allow them to work together on a unit preparing objectives, outlines and lesson plans.

After the allotted time each group presents their work on a flip-chart or a writing board and results are discussed by the whole group.

#### EXAMPLE III

Assign or allow individuals or pairs to choose a unit and prepare objectives, outline and lesson plans for it.

Each individual presents his/her prepared presentation in front of the group.

The group critiques the presentations after being reminded of proper feedback technique.

When discussing and giving feedback on lesson presentations feedback must be given in all three areas of learning: knowledge, skills and attitudes. When dealing with village people it is the attitude of the presenter which will greatly influence whether the information and skills will be accepted and put into practice.

### Summary

TOT participants need to have much practice to feel confident about training. This unit outlines some ways this practice can be accomplished. Practice in planning and preparing a training course is as essential as actually carrying it out. Practice should include using as many communication skills and adult training techniques as possible.

### Evaluation

Participants will be observed as they practice preparing and presenting or facilitating:

- Illustrated Lectures
- Role Play
- Case Study
- Discussion
- Demonstration and Coaching\*

\* Each individual TOT participant that will be involved in training VBAs must be able to demonstrate competency in demonstrating a simulated birth on an anatomical model up to the approved standard set by the trainers. They must be competent in coaching a trainee in the same procedure to the approved standard.

Training objectives, session outlines, and trainers notes or lesson plans prepared by participants will be assessed.

Participants will be observed during practice in making and using teaching aides and presenting training exercises.

## UNIT 4 FOLLOW-UP SUPPORT AND SUPERVISION OF VBAs

Follow-up is the like the weather -- Everyone talks about it but no one does anything about it.

Is supervision necessary?  
How can it be accomplished?

Purpose

To identify ways to provide follow-up support and supervision for village -based health workers such as VBAs.

Action

Provide follow-up support and supervision to VBAs.

Information needed for successful action

Follow-up of VBAs essential to the success of the health programme. In areas where a programme is new, VBAs may face many problems and they need to have the visible support of health staff to encourage them and to gain credibility in the village.

Follow-up support and supervision of the VBA provides an opportunity for the supervisor

- To monitor and evaluate the work of the VBA
- To acknowledge and support the VBA's efforts
- To assist the VBA in resolving problems
- To provide the VBA with on-going in-service education and feedback on cases she has referred.

Supervision of the VBA should be the responsibility of the VBA trainer/programme coordinator. The most effective supportive supervision occurs when there is mutual respect and concern between the VBA and her supervisor. This relationship should be established during training. The VBA trainer should conduct supervisory visits to each VBA at least every 3 months.

The VBA trainer should involve other health staff in follow-up work as well. For instance the MCH team, APOs and Obstetric staff at the health center should all be involved in supporting the VBA whenever they have contact with her. Community leaders should play a part also. Visible support from health staff and community leaders strengthens the VBAs role as a link between the community and the health services.

Follow-up also involves in-service training. VBAs should be called together for in-service training at least once a year. During the first year after training, an in-service at 3-4 months after training is advisable to give VBAs an opportunity to share

their problems and to review and practice important skills. This is especially important if a VBA has not had the opportunity to do a delivery in her village. Arranging for the VBA to come and observe or help with health center deliveries is also recommended where possible.

Supervision may have several functions. It should include:

1. **Recognition:** Inform the community about the roles, responsibilities and abilities of the VBA after training to establish her in her work.
2. **Legal and Ethical Protection:** Work with the Community Council, District and Provincial health authorities to support the VBA in legal/ethical matters.
3. **Motivation and Support:** Encourage and praise the VBA for practicing the work she has learned during training. Assist the VBA in finding ways to obtain the supplies for her work.
4. **Technical Assistance:** Help the VBA to maintain competent standards of practice. Identify and refer high-risk cases. See referred cases with the VBA. Give the VBA feedback about cases that have been referred.
5. **Linkage:** Encourage the community to use the services of the VBA appropriately and to respect the VBA's advice about appropriate use of referral services.
6. **Education and Counseling:** Reinforce the good practices of the VBA and give ongoing training. Identify topics for in-service training.
7. **Problem-Solving:** Listen to the VBA. Help her to identify problems and solve them. these problems may be clinical, logistical, or involve her relationships with the community and health department staff.
8. **Monitoring:** Review the records of the VBA. Assist her in updating her records when needed.
9. **Evaluation:** Gather and analyze data to assess the effectiveness of the VBA. Share the results of the evaluation with the VBA, community and aidpost, health center, district office and Provincial MCH matron responsible for the programme.

#### Important Factors

Regular follow-up visits can be accomplished during MCH mobile

clinics. This is a very visible way of showing the community that the VBA is a recognized member of the health team.

If antenatal checks are not being done during mobile clinics every effort should be made so that they can be done. VBAs could assist during these clinics and encourage pregnant women to come. Involving VBAs in antenatal clinics is another way to provide on-going training for them and validates their position on the health team.

### Summary

To be successful VBAs need the follow-up support of the health staff and the community. Recognition of her efforts will encourage her and follow-up contact can provide time for offering technical assistance, problem-solving and counseling. Contact with health staff will reinforce her role as a link between the village and the health staff and validate her as a member of the health team.

### Teaching Methods

Lecture/Discussion  
Role Play  
Case Study

### Evaluation

Pretest/Post Test

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UNIT 5 MONITORING AND EVALUATING VBA PROGRAMMES

Why monitor and evaluate health programmes?  
How can it be done?

Purpose

To familiarize participants with monitoring and evaluation procedures

To help participants understand the usefulness of monitoring and evaluation.

Action

Monitor programme activities on a quarterly basis

Participate in an annual evaluation of the VBA programme

Keep accurate records of programme activities

Write quarterly reports on VBA Programme activities

Provide feedback to VBAs, the community, health staff and government officials about the VBA programme.

Information needed for successful action

Adapted from "Provincial Guidelines for Village Birth Attendant Programmes" Papua New Guinea Department of Health

Monitoring a VBA Programme

Quarterly reports about VBA activities in the district should be written by the VBA trainer/programme coordinator. These reports should contain the following information:

- The extent to which the planned activities of the programme were implemented and the constraints or problems experienced.

- The extent to which the community, aid post staff and health center and MCH staff have been involved in working with and supporting the VBAs.

- The extent to which health center statistics requested have been collated and submitted by the health center staff.

- Number of VBAs active in the district in the reporting period.

Number of Village Committees/Community Councils visited in the reported period.

The monitoring activity provides the trainer with the opportunity to :

Discuss the achievements and constraints of the programme with VBAs, community leaders, aid post and MCH staff, OICs of health centers/districts and the Provincial MCH Matron responsible for the programme.

Modify planned activities to achieve the ongoing objectives of the programme.

Give and receive encouragement, motivation and support.

#### Evaluating a VBA Programme

Evaluation might be considered the sum total of monitoring activities over a longer period of time - 1-5 years.

The aim of the evaluation process is to determine the extent to which the objectives of the VBA programme have been achieved in the period since the last evaluation. Various routinely collected statistical indicators can be used to gather the information needed for this task.

1. The Population served (female 15-44 years)
2. Maternal Health Indicators:
  - \* Antenatal clinic coverage
  - \* Average number of antenatal visits per pregnancy
  - \* No. and percent of new attenders receiving Tetanus Toxoid boosters
  - \* No. and percent of deliveries supervised by health staff
  - \* No. and percent deliveries supervised by VBAs

#### Family Planning Indicators:

- \* Percentage of women 15-44 newly accepting FP
- \* Number of contraceptives chosen by method
- \* Total new attendance for FP as a percentage of women age 15-44

#### 4. Child Health Indicators:

- \* No. and Percentage of children under 1 year/newborn seen as new attenders

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\* BCG coverage for children under 1 year

5. Admissions:

- \* Number of admissions due to specific maternal and neonatal/perinatal causes
- \* Average length of stay

6. Deaths

- \* Number of reported deaths due to specific maternal and neonatal/perinatal causes

Additional statistical data can be collected and collated at the health center and district level by making special arrangements with the staff.

- \* No. and percent of antenatal mobile clinics attended by VBA
- \* No. and percent of antenatal attenders in contact with a VBA in relation to their pregnancy
- \* No. and percent of antenatal attenders diagnosed as high risk by category
- \* No. and Percent of deliveries supervised at health center by parity
- \* No. and Percent of deliveries attended by VBAs in villages by parity
- \* No. and Percent of health center birth weights below 2.5KG.

- The comparison of these indicators over a 1 to 5 year period should give some indication of changes in the maternal, infant and child mortality and the extent to which VBA activities have contributed to safer childbirth for rural women.
- Evaluation reports should discuss the extent to which each programme objective has been reached, using the statistical indicators as supporting evidence.
- Information reported in the monitoring activity should also be used to discuss reasons contributing to the achievements and constraints of the programme.

This information can be used to :

- Plan the next phase of the programme
- Review the feasibility and usefulness of maintaining/ extending the programme in the Provincial Health Plans for the next 1-5 year period

Summary

Monitoring and evaluation are a means of following the

achievements of a programme and deciding whether the programme is effective or not. Statistical information collected over a certain period of time can be compared with earlier data to provide a good idea of how a programme is progressing and if it is having any impact on health problems. The information collected can be used to plan the future of programmes. It can be used to find out where improvements need to be made.

#### Teaching Methods

Lecture/Discussion

### Section III

#### UNIT 6 LEGAL AND ETHICAL RESPONSIBILITIES

##### Purpose

To consider legal and ethical aspects of the VBA programme

##### Action

Prepare framework to handle problems which may arise concerning VBA work in the community

Protect and support the VBA in cases where problems may arise concerning VBA work in the community

##### Information needed for successful action

From Provincial Guidelines for Village Birth Attendant Programmes  
Papua New Guinea Department of Health

Currently practicing VBAs particularly those working in the highlands provinces are deeply concerned about issues of payback. Village people could blame the VBA who attended a woman or child who became ill or died. Pay back including compensation may occur at village level without the involvement of outside District Provincial officers. In some areas VBA work has not gained community support because husbands refuse to allow their wives to be exposed to this kind of risk.

The tasks of the VBAs need to be clearly understood by the community council. The VBA needs Community Council support so that she is not forced to provide emergency help for persons who clearly need health center treatment and then blame the VBA when the requested efforts are not successful. In addition a woman delivering a first child and those who have already delivered four children should not expect the VBA to take responsibility for their care. They should make arrangements before the time of labour to stay close to the health center and be delivered by a trained health worker. Families, including husbands, need to be aware of their responsibilities to co-operate with advice from the health center antenatal staff at all times.

To protect the VBA and community, the Community Council needs to act in a proper manner. This means not judging a VBA until a proper review of events has taken place. The following series of statements could be prepared for Community Councils to sign.

BEST AVAILABLE COPY

LEGAL RESPONSIBILITIES OF THE COMMUNITY COUNCIL  
FOR THE TRAINED VILLAGE BIRTH ATTENDANT

1. The members of the \_\_\_\_\_ Community Council accept \_\_\_\_\_ as a trained volunteer VBA in the \_\_\_\_\_ area.  
(name of area)
2. We understand that the services of \_\_\_\_\_ as a trained VBA may not prevent the death in childbirth of a mother or newborn baby in some cases.
3. We agree not to blame or allow action to be taken against \_\_\_\_\_ until circumstances of any disputed event are reviewed with the VBA by the Provincial Health authorities.
4. We further agree not to allow a court to make compensation demands against the VBA or her family until the recommendations of the review are received and discussions held with the Provincial Secretary of Health.

Signature of Chairman \_\_\_\_\_ Date \_\_\_\_\_

The VBA could also be issued with a license to practice in her community which would offer further protection.

An individual agreement between the VBA and the family who comes to her for assistance in childbirth would also offer protection.

Where a VBA is blamed for ethical misconduct in relation to her work, the matter should be resolved by the persons directly involved. Where this is not successful the health team may need to get involved.

The district health team should not get involved in local politics. There is a clear need to monitor and evaluate the standard and scope of work provided by the VBA and take appropriate action for in-service training and follow-up. Disciplinary action should only be initiated after discussion

with the programme GIC at the Provincial level. Where a VBA is taken to court for a matter where the health authority review states she has not acted wrongly, Provincial legal assistance should be provided and support given by the local MCH team and the VBA coordinator.

#### VBA CODE OF ETHICS

A volunteer Village Birth Attendant should follow these standards of personal and professional conduct.

1. Be available when needed to provide necessary care to the women in her village during pregnancy, normal delivery and post natal period
2. Reduce suffering by referring high risk women, emergencies and complications to a more qualified health worker.
3. Contribute to the promotion of health in her village to the best of her knowledge and abilities.
4. Assist women in need of her professional help regardless of walks of life, religious beliefs, social or cultural beliefs, tribes, clans or villages
5. Do not gossip about matters involving women in her professional care.
6. Remain within the boundaries of her training when carrying out her professional duties.

#### Teaching Method

Lecture/Discussion

#### Evaluation

Pretest/Post Test

## APPENDIX I

### HOW TO CONDUCT AN ASSESSMENT OF THE HEALTH NEEDS OF WOMEN IN THE COMMUNITY

For many years extension workers and community leaders have tried to tell people what they should do about their health, education and lifestyles. Government workers usually go to a village to promote one specific project without exploring or discussing how the project fits into the other needs of that community group. People have many needs and goals in life. They see them as necessary and important to living a good life. The first step in using a community development approach is to ask the people in the community to decide for themselves their needs and priorities. In order to be successful in primary health care, it is essential to involve the community in all the stages of planning, implementation and evaluation of the needs and priorities they themselves identified.

One way communities can be assisted to take responsibility for improving their own lives is by teaching village leaders the communication skills they need to help their community work together for the well-being of all.

It is important to involve the Village Council and the aidpost/health centre in conducting a survey.

It is also very important to involve the women's groups and the leaders of women's affairs in the village to discuss the health needs of women in the village. The health workers need to use these women, and literate younger women to conduct a house to house survey of the families about the health and well being of women. A family that has no mother in the household is like a garden that has no resident gardener. This garden is not planted, weeded or harvested properly. For the family to be strong the mother herself must be well and happy.

Using a short questionnaire, make visits to families in the survey area. Two women, or a husband and wife team should be used to conduct the survey. Their work is to visit each household and discuss the survey questions. Later, the Village Council should call a village meeting to discuss the results. The District Health workers should attend this meeting so they can hear what the community is saying, and work with them. Other community workers and leaders of women's groups should also be invited to attend.

Questions

1. What health needs the women think are most urgent?
2. Should a pregnant woman deliver her baby alone in the bush or the house?
3. What action should be taken by the women to help themselves?
4. What action should be taken by the men to help the women?
5. What outside help or training is needed for the women?
6. What help should the village ask for from: the Health Workers, Council of Women Worker, Women's Groups, District Council, other Groups in the area?
7. Who should be responsible to carry out the things decided by the meetings?
8. What things should the health worker report to the District/Provincial health staff?
9. What things in the life of the village does this family think should be changed to improve the health of the women?

Write down all the ideas that are discussed by each family group.

Then write a summary of the main ideas for each question to be discussed at the village meeting. Give a copy of the summary to the District Health Office.

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## APPENDIX II

### INTERVIEW QUESTIONS TO FIND OUT ABOUT TRADITIONAL KNOWLEDGE AND PRACTICES

From Dr C Jenkins, Medical Anthropologist, IMR, Goroka.

The following is a modified version of the MACHIK (Maternal and Child Indigenous Knowledge) Interview, Part II. This instrument was developed in 1983 as part of a larger comparative study of local practices and beliefs relating to maternal and child health in Papua New Guinea.

What follows is a simplified version for health personnel to use who want to develop a village birth attendant project. It is written in English and Pidgin.

In order to gather information accurately, as many women as possible should be interviewed. It would be possible to use this in a group interview as well. The interviewer must be very careful not to make her own thoughts known or lead those interviewed into giving answers. Spending as much time as possible with people in a sincerely friendly, relaxed way before beginning any interviews will improve the quality of information obtained. There is, however, no substitute for observation and anyone seriously considering the training of village birth attendants should make arrangements personally to observe a local birth without interfering (except in the utmost emergency).

#### Questions

1. Olsem wanem yupela bai i save meri i gat bel? How do you people know when a women is pregnant? (Signs that a woman herself will know and signs that other people may notice; when is it customary for a woman to acknowledge her pregnancy publically).
2. Ol meri save wanem taim ol bai karim pikinini, o no gat? Do women know when they are due to deliver or not? (Are months counted; how long does a woman expect to be pregnant; are there ideas about good months and bad months).
3. Yupela save tambuim sampela kain kaikai long ol meri i gat bel? Are there taboos on certain foods during pregnancy? (Are the forbidden foods common or rare; why are they forbidden; is there likely to be any real effect on weight again).

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4. Wanem samting em i gutpela long ol meri i gat bel? What is good for pregnant women? (Foods, restrictions on certain kinds of work, on continued sexual intercourse, certain uses of water, etc).
5. Ol meri i save karim pikinin i long we? Where do women undergo labor and delivery? (Special houses, own homes, bush, etc.; are people and water nearby; what are the conditions regarding hygiene and sanitation).
6. Sampela narapela meri (o ol man bilong ol yet) save helpim ol meri long karim pikinini, o no gat? Do other women (or husbands) help women during labor and delivery? (Who are the helpers; is it different for first vs. later births; are they paid in any way; what is expected of them).
7. Husait save katim rop bilong pikinini? Ol save katim wantaim wanem samting? Ol i save pasim rop pastaim o no gat? Who cuts the umbilical cord and with what? Do they tie it first or not?
8. Yupela save putim sampela samting long dispela rop o no gat? Do you people treat the cord in some way or not?
9. Yupela save mekim wanem long rop na strongpela blut (o bilum bilong pikinini)? What do you people do with the placenta and cord? (Are customs different for boys and girls, find out the tokples terms for cord, placenta, uterus (if different), birth canal).
10. Sapos hevi i kamap taim meri i wok long karim pikinini, yupela i save mekim wanem? If the woman runs into trouble during delivery, what do you people do? (Try giving examples of mild problems and serious ones).
11. Sapos yupela i laik karim em i go long haus sik, ol man bai karim em o no gat? If people decided to take a woman in trouble to the health centre, would the men carry her there or not? (Here it should be possible to find out about the strength of blood taboos).
12. Sapos meri i dai taim em karim pikinini, wanem samting save kamap? If a woman dies during labor and delivery, what usually happens? (It is important to ask about actual cases, what was said and what happened right at the time as well as later).

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13. Sapos meri i dai klostu bihain long taim em i karim, dispela em i wankain o narapela? If a woman dies shortly after having a baby, it is the same or different?
14. Husait save skulim ol yangpela meri long pasin bilong bel na pasin bilong karim pikinini? Who gives young women information about being pregnant and bearing babies? (It is different now than it used to be?)

Write down all the ideas discussed. Then write a summary of the main ideas for each question to be discussed at a meeting with the district health workers. Give a copy of the summary to the District Health Office.